

FORM
5

Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400630933

Date Received:

10/07/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10456 Contact Name: Crissy Venturo
Name of Operator: CAERUS PICEANCE LLC Phone: (720) 352-7916
Address: 600 17TH STREET #1600N Fax:
City: DENVER State: CO Zip: 80202

API Number 05-045-22399-00 County: GARFIELD
Well Name: ISLAND RANCH Well Number: 23C-13
Location: QtrQtr: Lot 10 Section: 13 Township: 7S Range: 96W Meridian: 6
Footage at surface: Distance: 1357 feet Direction: FSL Distance: 1051 feet Direction: FWL
As Drilled Latitude: 39.433931 As Drilled Longitude: -108.064272

GPS Data:
Date of Measurement: 11/03/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 1864 feet Direction: FSL Dist.: 1949 feet Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1881 feet Direction: FSL Dist.: 1973 feet Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

Field Name: PARACHUTE Field Number: 67350
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/26/2014 Date TD: 05/28/2014 Date Casing Set or D&A: 05/28/2014
Rig Release Date: 07/08/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6050 TVD** 5883 Plug Back Total Depth MD 6026 TVD** 5859

Elevations GR 5056 KB 5080 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Mud, Triple Combo, and CBL

CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 20 | 107 | 0 | 84 | 100 | 0 | 84 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,010 | 265 | 0 | 1,010 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 6,047 | 970 | 1,025 | 6,047 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
| | Top | Bottom | DST | Cored | |
| WILLIAMS FORK | 3,114 | | | | |
| CAMEO | 5,359 | | | | |
| ROLLINS | 5,822 | | | | |

Operator Comments

All casing and cement information and formation tops are measured from KB. Per the approved Form 2 APD for the subject well, one GR and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Island Ranch 23D-13 (API# 05-045-22393) and Island Ranch 24A-13 (API# 05-045-22398) Form 5 Completion Report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Crissy Venturo

Title: Permit Representative Date: 10/7/2014 Email: cventuro@progressivepcs.net

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400744902 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400744862 | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400630933 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400726738 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400744860 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400744880 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400744884 | PDF-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400744900 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400744904 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|--------------------------|
| Permit | Passes Permitting. | 1/27/2015 1:33:45 PM |
| Permit | Return to Draft at request of operator. | 11/7/2014 3:19:12 PM |
| Agency | PENDING. Logs OK, BHL OK, Cmt summary OK. Need GPS and TOC info. | 10/14/2014 3:25:11 PM |

Total: 3 comment(s)