

FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400867042

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10456

Contact Name: Reed Haddock

Name of Operator: CAERUS PICEANCE LLC

Phone: (720) 880-6369

Address: 600 17TH STREET #1600N

Fax: (303) 565-4606

City: DENVER State: CO Zip: 80202

API Number 05-045-22633-00

County: GARFIELD

Well Name: Puckett

Well Number: 13A-1

Location: QtrQtr: 66 Section: 2 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 2223 feet Direction: FNL Distance: 628 feet Direction: FEL

As Drilled Latitude: 39.475689 As Drilled Longitude: -108.180228

GPS Data:

Date of Measurement: 07/30/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 2637 feet. Direction: FNL Dist.: 433 feet. Direction: FWL

Sec: 1 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2595 feet. Direction: FSL Dist.: 396 feet. Direction: FWL

Sec: 1 Twp: 7S Rng: 97W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/04/2015 Date TD: 07/09/2015 Date Casing Set or D&A: 07/10/2015

Rig Release Date: 07/10/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 9020 TVD** 8717 Plug Back Total Depth MD 8963 TVD** 8850

Elevations GR 8468 KB 8498 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

RST/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	106.5#	0	127	200	0	127	CALC
SURF	14+3/4	9+5/8	36#	0	2,537	535	0	2,537	CALC
1ST	8+3/4	4+1/2	11.6#	0	8,999	960	3,440	8,999	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/06/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	6	150	0	467

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	
OHIO CREEK	5,940	6,212	NO	NO	
WILLIAMS FORK	6,212	8,814	NO	NO	
ROLLINS	8,814		NO	NO	

Comment:

All casing and cement information and formation tops are measured from KB. Per the approved Form 2 APD for the subject well, one gamma ray and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Puckett 42B-2 (API# 05-045-22626) and Puckett 42D-2 (API# 05-045-22618) Form 5 Completion Reports.

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

Signed: _____ Print Name: Reed HaddockTitle: Sr. Regulatory Specialist Date: _____ Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400883628	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400883629	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>					
400883624	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400883625	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400883626	TIF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400883627	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400883630	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)