

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.

Document Number:
400886848

Date Received:
02/12/2016

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 05-045-22857-00 County: GARFIELD

Well Name: Puckett Well Number: 21C-1

Location: QtrQtr: SENW Section: 1 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 2062 feet Direction: FNL Distance: 1349 feet Direction: FWL

As Drilled Latitude: 39.476139 As Drilled Longitude: -108.173225

GPS Data:
Date of Measurement: 11/18/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 902 feet. Direction: FNL Dist.: 1996 feet. Direction: FWL
Sec: 1 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 935 feet. Direction: FNL Dist.: 1933 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) 09/03/2015 Date TD: 09/07/2015 Date Casing Set or D&A: 09/08/2015

Rig Release Date: 11/09/2015 Per Rule 308A.b.

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

Total Depth MD 8955 TVD** 7665 Plug Back Total Depth MD 8921 TVD** 7630

Elevations GR 8329 KB 8359 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
PNL, 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	128	200	0	128	CALC
SURF	14+3/4	9+5/8	36#	0	2,550	535	0	2,550	CALC
1ST	8+3/4	4+1/2	11.6#	0	8,956	1,050	4,100	8,956	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/04/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	0	300	0	2,550

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	5,883	6,140	NO	NO	
WILLIAMS FORK	6,140	8,812	NO	NO	
ROLLINS	8,812		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 22C-1 (API# 05-045-22851).

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

Signed: _____ Print Name: Reed Haddock

Title: Sr. Regulatory Specialist Date: 2/12/2016 Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400967071	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400897754	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"/>
Other Attachments			
400886848	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400897755	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967060	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967069	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400988261	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)