

**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



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Document Number:

400968046

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 05-045-17789-00

County: GARFIELD

Well Name: Puckett

Well Number: 44A-2

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

Footage at surface: Distance: 1081 feet Direction: FSL Distance: 324 feet Direction: FEL

As Drilled Latitude: 39.470309 As Drilled Longitude: -108.179111

GPS Data:

Date of Measurement: 11/18/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1159 feet. Direction: FSL Dist.: 1145 feet. Direction: FEL

Sec: 2 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1130 feet. Direction: FSL Dist.: 1171 feet. Direction: FEL

Sec: 2 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) 11/05/2015 Date TD: 01/27/2016 Date Casing Set or D&A: 01/28/2016

Rig Release Date: 02/13/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8825 TVD** 8771 Plug Back Total Depth MD 8668 TVD** 8614

Elevations GR 8424 KB 8454 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	VISU
1ST	8+3/4	4+1/2	11.6#	0	8,803	1,050	3,914	8,825	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/24/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	0	290	0	2,550

Details of work:

Top out cement

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	5,771	6,022	NO	NO	
WILLIAMS FORK	6,022	8,628	NO	NO	
ROLLINS	8,628		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 14C-1 (API# 05-045-17794).

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: _____ Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401023283	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400991627	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>					
400991633	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401023267	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401023273	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401023279	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401023282	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)