

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:
401031556

Date Received:

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: 1001 17TH STREET #1600 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202

API Number 05-045-18554-00 County: GARFIELD
 Well Name: Savage Well Number: 44C-5
 Location: QtrQtr: NENE Section: 8 Township: 7S Range: 94W Meridian: 6
 Footage at surface: Distance: 550 feet Direction: FNL Distance: 1175 feet Direction: FEL
 As Drilled Latitude: 39.458351 As Drilled Longitude: -107.906203

GPS Data:
 Date of Measurement: 06/29/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: David Henderhan

** If directional footage at Top of Prod. Zone Dist.: 496 feet. Direction: FSL Dist.: 542 feet. Direction: FEL
 Sec: 5 Twp: 7S Rng: 94W
 ** If directional footage at Bottom Hole Dist.: 522 feet. Direction: FSL Dist.: 590 feet. Direction: FEL
 Sec: 5 Twp: 7S Rng: 94W

Field Name: RULISON Field Number: 75400
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/16/2016 Date TD: 04/20/2016 Date Casing Set or D&A: 04/21/2016
 Rig Release Date: 05/22/2016 Per Rule 308A.b.

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

Total Depth MD 8959 TVD** 8831 Plug Back Total Depth MD 8878 TVD** 8751
 Elevations GR 6461 KB 6491 **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	24	16	65#	0	90	200	0	90	CALC
SURF	13+1/2	9+5/8	36#	0	1,212	272	0	1,212	CALC
1ST	8+3/4	4+1/2	11.6#	0	8,924	839	4,460	8,924	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	
ALLUVIUM	0	417	NO	NO	
WASATCH	417	2,817	NO	NO	
WASATCH G	2,817	3,408	NO	NO	
FORT UNION	3,408	5,247	NO	NO	
OHIO CREEK	5,247	5,677	NO	NO	
WILLIAMS FORK	5,677	8,782	NO	NO	
ROLLINS	8,782				

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 Savage 31B-8 (API# 05-045-18557).

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 ?	
Attachment Checklist			
401033544	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401033547	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			
401033548	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401071686	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401071690	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401071705	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401072212	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401077142	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)