

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:
401306689

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 05-045-23242-00 County: GARFIELD

Well Name: Chevron Well Number: 21D-17

Location: QtrQtr: Lot 1 Section: 17 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1254 feet Direction: FNL Distance: 2032 feet Direction: FEL

As Drilled Latitude: 39.528264 As Drilled Longitude: -108.129622

GPS Data:
Date of Measurement: 08/15/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1176 feet. Direction: FNL Dist.: 2314 feet. Direction: FWL
Sec: 17 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1176 feet. Direction: FNL Dist.: 2314 feet. Direction: FWL
Sec: 17 Twp: 6S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/13/2017 Date TD: 06/17/2017 Date Casing Set or D&A: 06/18/2017

Rig Release Date: 07/01/2017 Per Rule 308A.b.

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

Total Depth MD 7199 TVD** 7103 Plug Back Total Depth MD 7137 TVD** 7041

Elevations GR 5583 KB 5613 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, PNL

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	30	20	52.8#	0	100	218	100	0	CALC
SURF	14+3/4	9+5/8	36#	0	974	218	0	974	CALC
1ST	8+3/4	4+1/2	11.6#	0	7,183	712	2,705	7,183	CALC

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	344	NO	NO	
WASATCH	344	2,264	NO	NO	
WASATCH G	2,264	2,815	NO	NO	
FORT UNION	2,815	3,994	NO	NO	
OHIO CREEK	3,994	4,244	NO	NO	
WILLIAMS FORK	4,244	6,553	NO	NO	
CAMEO	6,553	7,063	NO	NO	
ROLLINS	7,063				

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 Chevron 22E-17 (API# 05-045-23237).

COGCC currently has open hole logs for Chevron # 21A-17D (API No. 05-045-09541). This well was logged by Petroleum Development Corporation in May 2004.

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			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401312526	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			
401311621	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401312527	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363325	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363327	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363330	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363375	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401378705	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>
		Stamp Upon Approval

Total: 0 comment(s)