

FORM
5Rev
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



DE ET OE ES

Document Number:

401437510

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: 1001 17TH STREET #1600

Fax: (303) 565-4606

City: DENVER State: CO Zip: 80202

API Number 05-045-23390-00

County: GARFIELD

Well Name: Puckett

Well Number: 14D-23 697

Location: QtrQtr: SESW Section: 23 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 682 feet Direction: FSL Distance: 2458 feet Direction: FWL

As Drilled Latitude: 39.503111 As Drilled Longitude: -108.188031

GPS Data:

Date of Measurement: 02/13/2018 PDOP Reading: 1.2 GPS Instrument Operator's Name: Bart Hunting

** If directional footage at Top of Prod. Zone Dist.: 1045 feet. Direction: FSL Dist.: 156 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1045 feet. Direction: FSL Dist.: 156 feet. Direction: FWL

Sec: 23 Twp: 6S Rng: 97W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/22/2017 Date TD: 10/26/2017 Date Casing Set or D&A: 10/27/2017

Rig Release Date: 12/09/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 9268 TVD** 8903 Plug Back Total Depth MD 9202 TVD** 8837

Elevations GR 8432 KB 8462 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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 | 53# | 0 | 100 | 218 | 0 | 100 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36# | 0 | 2,500 | 866 | 0 | 2,500 | CALC |
| 1ST | 8+3/4 | 4+1/2 | 11.6# | 0 | 9,425 | 941 | 3,852 | 9,425 | |

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 | |
| GREEN RIVER | 0 | 3,414 | NO | NO | |
| WASATCH | 3,414 | 4,628 | NO | NO | |
| WASATCH G | 4,628 | 4,923 | NO | NO | |
| FORT UNION | 4,923 | 6,184 | NO | NO | |
| OHIO CREEK | 6,184 | 6,365 | NO | NO | |
| WILLIAMS FORK | 6,365 | 8,608 | NO | NO | |
| CAMEO | 8,608 | 9,044 | NO | NO | |
| ROLLINS | 9,044 | | 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 24A-23-697 (API# 05-045-23388).

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> | | |
| 401444381 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 401448831 | 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> | | |
| 401448835 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401529789 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401529794 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401529801 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401529803 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401545960 | 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)