

DRILLING COMPLETION REPORT

Document Number:
401428567

Date Received:

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 05-045-23205-00 County: GARFIELD

Well Name: Puckett Well Number: 34B-24

Location: QtrQtr: SESE Section: 24 Township: 6S Range: 97W Meridian: 6

Footage at surface: Distance: 644 feet Direction: FSL Distance: 711 feet Direction: FEL

As Drilled Latitude: 39.503023 As Drilled Longitude: -108.161917

GPS Data:
Date of Measurement: 03/21/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: Bart Hunting

** If directional footage at Top of Prod. Zone Dist.: 622 feet. Direction: FSL Dist.: 1372 feet. Direction: FEL
Sec: 24 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 613 feet. Direction: FSL Dist.: 1510 feet. Direction: FEL
Sec: 24 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) 10/12/2017 Date TD: 10/17/2017 Date Casing Set or D&A: 10/18/2017

Rig Release Date: 03/13/2018 Per Rule 308A.b.

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

Total Depth MD 9077 TVD** 9034 Plug Back Total Depth MD 9006 TVD** 8963

Elevations GR 8150 KB 8180 **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	0	100	VISU
SURF	14+3/4	9+5/8	36#	0	2,492	865	0	2,492	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,052	872	4,285	9,052	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	
GREEN RIVER	0	2,970	NO	NO	
WASATCH	2,970	4,337	NO	NO	
WASATCH G	4,337	4,661	NO	NO	
FORT UNION	4,661	5,986	NO	NO	
OHIO CREEK	5,986	6,206	NO	NO	
WILLIAMS FORK	6,206	8,494	NO	NO	
CAMEO	8,494	8,957	NO	NO	
ROLLINS	8,957		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 33E-24-697 (API# 05-045-23204).

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			
401433473	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401433469	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			
401433470	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401620573	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401620577	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401620582	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401620588	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401623756	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)