

DRILLING COMPLETION REPORT

Document Number:
401529612

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 05-045-23195-00 County: GARFIELD
 Well Name: Puckett Well Number: 23B-19
 Location: QtrQtr: SESE Section: 24 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 642 feet Direction: FSL Distance: 679 feet Direction: FEL
 As Drilled Latitude: 39.503018 As Drilled Longitude: -108.161806

GPS Data:
 Date of Measurement: 03/21/2018 PDOP Reading: 1.4 GPS Instrument Operator's Name: Bart Hunting

** If directional footage at Top of Prod. Zone Dist.: 2017 feet. Direction: FSL Dist.: 1961 feet. Direction: FWL
 Sec: 19 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2120 feet. Direction: FSL Dist.: 2081 feet. Direction: FWL
 Sec: 19 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) 01/27/2018 Date TD: 02/02/2018 Date Casing Set or D&A: 02/03/2018
 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 10121 TVD** 9308 Plug Back Total Depth MD 10061 TVD** 9248

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	2,510	866	0	2,510	VISU
1ST	8+3/4	4+1/2	11.6#	0	10,109	1,057	3,496	10,109	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	2,976	NO	NO	
WASATCH	2,976	4,553	NO	NO	
WASATCH G	4,553	4,938	NO	NO	
FORT UNION	4,938	6,586	NO	NO	
OHIO CREEK	6,586	7,035	NO	NO	
WILLIAMS FORK	7,035	9,410	NO	NO	
CAMEO	9,410	9,899	NO	NO	
ROLLINS	9,899		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			
401531749	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401534004	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			
401534024	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401617811	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401617812	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401617814	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401617817	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401624530	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)