

**DRILLING COMPLETION REPORT**

Document Number:  
401502188

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 05-045-23756-00 County: GARFIELD  
 Well Name: NPR Well Number: 22D-10-596  
 Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1907 feet Direction: FSL Distance: 2479 feet Direction: FWL  
 As Drilled Latitude: 39.627563 As Drilled Longitude: -108.155982

GPS Data:  
 Date of Measurement: 10/12/2018 PDOP Reading: 5.2 GPS Instrument Operator's Name: Dayton Slaugh

\*\* If directional footage at Top of Prod. Zone Dist.: 1949 feet. Direction: FNL Dist.: 1138 feet. Direction: FEL  
 Sec: 10 Twp: 5S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 1992 feet. Direction: FNL Dist.: 1231 feet. Direction: FEL  
 Sec: 10 Twp: 5S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 01/02/2018 Date TD: 01/14/2018 Date Casing Set or D&A: 01/15/2018  
 Rig Release Date: 08/30/2018 Per Rule 308A.b.

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

Total Depth MD 10007 TVD\*\* 9564 Plug Back Total Depth MD 9907 TVD\*\* 9464  
 Elevations GR 6709 KB 6733 **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	54#	0	100	218	0	100	VISU
SURF	14+3/4	9+5/8	36#	0	2,252	866	0	2,252	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,952	979	4,265	9,952	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	4,101	NO	NO	
WASATCH G	4,101	4,551	NO	NO	
FORT UNION	4,551	6,407	NO	NO	
OHIO CREEK	6,407	6,738	NO	NO	
WILLIAMS FORK	6,738	9,150	NO	NO	
CAMEO	9,150	9,887	NO	NO	
ROLLINS	9,887				

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 NPR 14A-10-596 (API 05-045-23777).

The well logs uploaded contain both the CBL and the PNL data.

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 ?	
<b>Attachment Checklist</b>			
401507912	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401581679	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"/>
<b>Other Attachments</b>			
401581680	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401781478	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401781485	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401802069	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)