

FORM
5
Rev
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



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Document Number:
401514187

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 05-045-23789-00 County: GARFIELD
 Well Name: NPR Well Number: 23A-10-596
 Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 1903 feet Direction: FSL Distance: 2485 feet Direction: FWL
 As Drilled Latitude: 39.627551 As Drilled Longitude: -108.155961

GPS Data:
 Date of Measurement: 10/12/2018 PDOP Reading: 2.7 GPS Instrument Operator's Name: Dayton Slaugh

** If directional footage at Top of Prod. Zone Dist.: 2190 feet. Direction: FNL Dist.: 1157 feet. Direction: FEL
 Sec: 10 Twp: 5S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 2257 feet. Direction: FNL Dist.: 1176 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) 01/16/2018 Date TD: 01/30/2018 Date Casing Set or D&A: 01/31/2018
 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 9955 TVD** 9578 Plug Back Total Depth MD 9891 TVD** 9514

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	1,364	866	0	1,364	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,937	965	5,990	9,937	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	4,093	NO	NO	
WASATCH G	4,093	4,548	NO	NO	
FORT UNION	4,548	6,344	NO	NO	
OHIO CREEK	6,344	6,732	NO	NO	
WILLIAMS FORK	6,732	9,159	NO	NO	
CAMEO	9,159	9,779	NO	NO	
ROLLINS	9,779				

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 ?	
Attachment Checklist			
401525867	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401581599	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"/>
401525863	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
401581602	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401781599	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401781600	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401802089	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)