

**DRILLING COMPLETION REPORT**

Document Number:  
401609339

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) 565-4600  
 City: DENVER State: CO Zip: 80202

API Number 05-045-11346-00 County: GARFIELD  
 Well Name: NPR Well Number: 25B-10-596  
 Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1856 feet Direction: FSL Distance: 2536 feet Direction: FWL  
 As Drilled Latitude: 39.627425 As Drilled Longitude: -108.155781

GPS Data:  
 Date of Measurement: 08/28/2017 PDOP Reading: 4.3 GPS Instrument Operator's Name: Bart Hunting

\*\* If directional footage at Top of Prod. Zone Dist.: 643 feet. Direction: FSL Dist.: 1312 feet. Direction: FEL  
 Sec: 10 Twp: 5S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 643 feet. Direction: FSL Dist.: 1312 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) 04/10/2018 Date TD: 04/15/2018 Date Casing Set or D&A: \_\_\_\_\_  
 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 7496 TVD\*\* 7103 Plug Back Total Depth MD 9865 TVD\*\* 9472

Elevations GR 6709 KB 6733 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 This wellbore will not be logged. Lost hole will P&A.

**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	2,002	451	0	2,002	VISU

**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	

Comment:

This wellbore was drilled to 7,496' MD. The MWD survey tool failed and we later lost wellbore. Decision was made to P&A. No logs were run.

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>			
401609356	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401612483	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
401612484	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401756380	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401781192	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401802781	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)