

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.

Document Number:
401722170

Date Received:

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 05-045-23768-00 County: GARFIELD

Well Name: NPR Well Number: 12B-10-596

Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 1920 feet Direction: FSL Distance: 2460 feet Direction: FWL

As Drilled Latitude: 39.627599 As Drilled Longitude: -108.156048

GPS Data:
Date of Measurement: 10/12/2018 PDOP Reading: 3.4 GPS Instrument Operator's Name: Dayton Slaugh

** If directional footage at Top of Prod. Zone Dist.: 1472 feet. Direction: FNL Dist.: 1479 feet. Direction: FWL
Sec: 10 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1464 feet. Direction: FNL Dist.: 1259 feet. Direction: FWL
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) 08/03/2018 Date TD: 08/09/2018 Date Casing Set or D&A: 08/10/2018

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 9876 TVD** 9472 Plug Back Total Depth MD 9817 TVD** 9413

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	2,398	678	0	2,398	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,859	951	3,960	9,859	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	4,154	NO	NO	
WASATCH G	4,154	4,589	NO	NO	
FORT UNION	4,589	6,432	NO	NO	
OHIO CREEK	6,432	6,749	NO	NO	
WILLIAMS FORK	6,749	9,153	NO	NO	
CAMEO	9,153	9,771	NO	NO	
ROLLINS	9,771		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 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			
401729558	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401729560	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			
401729563	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401782051	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401782056	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401802980	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)