

DRILLING COMPLETION REPORT

Document Number:
401770342

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 05-045-23858-00 County: GARFIELD
 Well Name: NPR Well Number: 11D-14-596
 Location: QtrQtr: SENE Section: 15 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 2102 feet Direction: FNL Distance: 165 feet Direction: FEL
 As Drilled Latitude: 39.616563 As Drilled Longitude: -108.146665

GPS Data:
 Date of Measurement: 01/08/2019 PDOP Reading: 3.5 GPS Instrument Operator's Name: Dennis Petty

** If directional footage at Top of Prod. Zone Dist.: 1007 feet. Direction: FNL Dist.: 1583 feet. Direction: FWL
 Sec: 14 Twp: 5S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1050 feet. Direction: FNL Dist.: 1479 feet. Direction: FWL
 Sec: 14 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) 09/20/2018 Date TD: 09/26/2018 Date Casing Set or D&A: 09/28/2018
 Rig Release Date: 12/03/2018 Per Rule 308A.b.

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

Total Depth MD 9805 TVD** 9372 Plug Back Total Depth MD 9724 TVD** 9291

Elevations GR 6429 KB 6459 **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	2,368	678	0	2,368	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,771	1,014	5,770	9,771	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	1,759	NO	NO	
WASATCH	1,759	3,557	NO	NO	
WASATCH G	3,557	4,235	NO	NO	
FORT UNION	4,235	5,622	NO	NO	
OHIO CREEK	5,622	5,916	NO	NO	
WILLIAMS FORK	5,916	9,011	NO	NO	
CAMEO	9,011	9,646	NO	NO	
ROLLINS	9,646		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 NPR 22A-15-596 (API# 05-045-21085).

CBL and PLN are combined on the LAS and PDF uploads.

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			
401773261	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401776234	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			
401776239	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401912364	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401912378	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401912401	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)

