

DRILLING COMPLETION REPORT

Document Number:
402029824

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 05-045-23950-00 County: GARFIELD
 Well Name: NPR Well Number: 23C-8-596
 Location: QtrQtr: NESW Section: 8 Township: 5S Range: 96W Meridian: 6
 Footage at surface: Distance: 2503 feet Direction: FSL Distance: 2573 feet Direction: FWL
 As Drilled Latitude: 39.629165 As Drilled Longitude: -108.193073

GPS Data:
 Date of Measurement: 05/20/2019 PDOP Reading: 1.4 GPS Instrument Operator's Name: Bart Hunting

** If directional footage at Top of Prod. Zone Dist.: 2447 feet. Direction: FSL Dist.: 1235 feet. Direction: FEL
 Sec: 8 Twp: 5S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 2370 feet. Direction: FSL Dist.: 1376 feet. Direction: FEL
 Sec: 8 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) 04/29/2019 Date TD: 05/05/2019 Date Casing Set or D&A: 05/06/2019
 Rig Release Date: 05/14/2019 Per Rule 308A.b.

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

Total Depth MD 8969 TVD** 8771 Plug Back Total Depth MD 8902 TVD** 8704

Elevations GR 7763 KB 7787 **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	2,470	745	0	2,470	VISU
1ST	8+3/4	4+1/2	11.6#	0	8,949	945	3,900	8,949	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	2,911	NO	NO	
WASATCH	2,911	4,385	NO	NO	
WASATCH G	4,385	4,857	NO	NO	
FORT UNION	4,857	6,682	NO	NO	
OHIO CREEK	6,682	6,899	NO	NO	
WILLIAMS FORK	6,899				

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 13A-8-596 (API No. 05-045-23978).

CBL and PLN are both attached in one document.

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			
402029848	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402032947	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			
402034577	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402089063	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402090871	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402090873	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator request.	06/27/2019

Total: 1 comment(s)

