

FORM
5

Rev
02/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402284649

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: <u>10456</u>	Contact Name: <u>Reed Haddock</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6369</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rhaddock@caerusoilandgas.com</u>

API Number <u>05-045-24174-00</u>	County: <u>GARFIELD</u>
Well Name: <u>Fed</u>	Well Number: <u>15D-13-496</u>
Location: QtrQtr: <u>Lot 4</u> Section: <u>24</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>445</u> feet Direction: <u>FNL</u> Distance: <u>139</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.693937</u> As Drilled Longitude: <u>-108.125957</u>	
GPS Data: GPS Quality Value: <u>1.7</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>02/18/2020</u>	
GPS Instrument Operator's Name: <u>John Floyd</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>226</u> feet Direction: <u>FSL</u> Dist: <u>1304</u> feet Direction: <u>FWL</u>	
Sec: <u>13</u> Twp: <u>4S</u> Rng: <u>96W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>196</u> feet Direction: <u>FSL</u> Dist: <u>1220</u> feet Direction: <u>FWL</u>	
Sec: <u>13</u> Twp: <u>4S</u> Rng: <u>96W</u>	
Field Name: <u>GRAND VALLEY</u> Field Number: <u>31290</u>	
Federal, Indian or State Lease Number: <u>COC57684</u>	

Spud Date: (when the 1st bit hit the dirt) 01/08/2020 Date TD: 01/15/2020 Date Casing Set or D&A: 01/16/2020
 Rig Release Date: 02/08/2020 Per Rule 308A.b.

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

Total Depth MD <u>12590</u> TVD** <u>12475</u> Plug Back Total Depth MD <u>12505</u> TVD** <u>12391</u>
Elevations GR <u>8128</u> KB <u>8158</u> Digital Copies of ALL Logs must be Attached per Rule 308A <input type="checkbox"/>

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	2,951	407	0	2,951	VISU
1ST	8+3/4	4+1/2	11.6#	0	12,571	1,870	4,168	12,571	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	3,642	NO	NO	
WASATCH	3,642	6,383	NO	NO	
WASATCH G	6,383	6,652	NO	NO	
FORT UNION	6,652	8,572	NO	NO	
OHIO CREEK	8,572	9,162	NO	NO	
WILLIAMS FORK	9,162	11,794	NO	NO	
CAMEO	11,794	12,494	NO	NO	
ROLLINS	12,494		NO	NO	

Operator Comments:

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 Fed 14B-13-496 (API# 05-045-24169).

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			
402284650	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402286099	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			
402286101	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329218	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329224	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329225	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332863	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402332865	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>
		Stamp Upon Approval

Total: 0 comment(s)

