

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:

402250853

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>05-045-24176-00</u>	County: <u>GARFIELD</u>
Well Name: <u>Fed</u>	Well Number: <u>11D-24-496</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 <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>475</u> feet Direction: <u>FNL</u> Distance: <u>135</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.693856</u> As Drilled Longitude: <u>-108.125969</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 <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: <u>985</u> feet Direction: <u>FNL</u> Dist: <u>1355</u> feet Direction: <u>FWL</u>	
Sec: <u>24</u> Twp: <u>4S</u> Rng: <u>96W</u>	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: <u>1016</u> feet Direction: <u>FNL</u> Dist: <u>1272</u> feet Direction: <u>FWL</u>	
Sec: <u>24</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>COC64814</u>	

Spud Date: (when the 1st bit hit the dirt) 11/29/2019 Date TD: 12/08/2019 Date Casing Set or D&A: 12/09/2019  
 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 12556 TVD\*\* 12437 Plug Back Total Depth MD 12534 TVD\*\* 12415

Elevations GR 8128 KB 8158 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	3,155	637	0	3,155	VISU
1ST	8+3/4	4+1/2	11.6#	0	12,535	1,864	4,130	12,535	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	3,631	NO	NO	
WASATCH	3,631	6,356	NO	NO	
WASATCH G	6,356	6,626	NO	NO	
FORT UNION	6,626	8,508	NO	NO	
OHIO CREEK	8,508	9,095	NO	NO	
WILLIAMS FORK	9,095	11,742	NO	NO	
CAMEO	11,742	12,415	NO	NO	
ROLLINS	12,415		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 ?	
<b>Attachment Checklist</b>			
402257415	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402257442	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"/>
<b>Other Attachments</b>			
402257439	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402328655	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402328661	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402328665	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402328667	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402328669	PDF-CEMENT BOND	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)

