

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:

402133235

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: 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 Email: rhaddock@caerusoilandgas.com

API Number 05-045-24173-00 County: GARFIELD
Well Name: Fed Well Number: 24A-14-496
Location: QtrQtr: Lot 4 Section: 24 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 422 feet Direction: FNL Distance: 131 feet Direction: FWL
As Drilled Latitude: 39.694001 As Drilled Longitude: -108.125982
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 02/18/2020
GPS Instrument Operator's Name: John Floyd
\*\* If directional footage at Top of Prod. Zone Dist: 1849 feet Direction: FSL Dist: 1383 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 1817 feet Direction: FSL Dist: 1453 feet Direction: FEL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC57684

Spud Date: (when the 1st bit hit the dirt) 08/05/2019 Date TD: 08/15/2019 Date Casing Set or D&A: 08/16/2019
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 12714 TVD\*\* 12204 Plug Back Total Depth MD 12618 TVD\*\* 12108
Elevations GR 8128 KB 8158 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
CBL, PNL

Empty box for additional information or notes.

### 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	3,005	764	0	3,005	VISU
1ST	8+3/4	4+1/2	11.6#	0	12,677	1,928	4,210	12,677	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	3,785	NO	NO	
WASATCH	3,785	6,687	NO	NO	
WASATCH G	6,687	6,985	NO	NO	
FORT UNION	6,985	8,942	NO	NO	
OHIO CREEK	8,942	9,520	NO	NO	
WILLIAMS FORK	9,520	12,168	NO	NO	
CAMEO	12,168		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>			
402138294	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402148114	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>			
402148116	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329803	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329807	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402329812	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402341168	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402341169	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)

