

FORM
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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:

401549600

Date Received:

09/06/2018

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>05-045-23414-00</u>	County: <u>GARFIELD</u>
Well Name: <u>Puckett</u>	Well Number: <u>14A-26-697</u>
Location: QtrQtr: <u>SENW</u> Section: <u>26</u> Township: <u>6S</u> Range: <u>97W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2278</u> feet Direction: <u>FNL</u> Distance: <u>1680</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>39.494988</u> As Drilled Longitude: <u>-108.190786</u>	
GPS Data: GPS Quality Value: <u>1.3</u> Type of GPS Quality Value: _____ Date of Measurement: <u>10/02/2017</u>	
GPS Instrument Operator's Name: <u>Bart Hunting, C.R.</u>	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1866</u> feet Direction: <u>FSL</u> Dist: <u>454</u> feet Direction: <u>FWL</u>	
Sec: <u>26</u> Twp: <u>6S</u> Rng: <u>97W</u>	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>1803</u> feet Direction: <u>FSL</u> Dist: <u>273</u> feet Direction: <u>FWL</u>	
Sec: <u>26</u> Twp: <u>6S</u> Rng: <u>97W</u>	
Field Name: <u>GRAND VALLEY</u> Field Number: <u>31290</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 02/17/2018 Date TD: 02/21/2018 Date Casing Set or D&A: 02/22/2018
 Rig Release Date: 07/09/2018 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 9016 TVD** 8768 Plug Back Total Depth MD 8941 TVD** 8693

Elevations GR 8322 KB 8352 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

CBL, NEU, (Triple Combo on 045-23418).

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	2,518	866	775	2,531	CALC
1ST	8+3/4	4+1/2	11.6	0	8,991	949	4,015	9,016	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	775	296	0	775

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		NO	NO	
WASATCH F & G	4,415		NO	NO	
FORT UNION	4,717		NO	NO	
OHIO CREEK	5,958		NO	NO	
WILLIAMS FORK	6,143		NO	NO	
CAMEO	8,337		NO	NO	
ROLLINS	8,779		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.

No open hole Resistivity log with Gamma Ray was run on this well per rule 317.p.
A Triple Combination log was run on the Puckett 13D-26-697 (045-23418).

The well logs uploaded to this Form contain both the CBL and Pulsed Neutron data.

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: 9/6/2018 Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401553171	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"/>
<u>Other Attachments</u>			
401549600	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401551205	CEMENT JOB SUMMARY_SURFACE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401553172	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735237	CBL/PULSED NEUTRON_LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735239	CBL/PULSED NEUTRON_PDF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401755802	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>
Engineering Tech	Corrected list all electric logs run abbreviation Corrected 1st string cement bottom per attached directional survey Corrected/split surface casing top out cement to Stage/Top Out/Remedial Cement Tab Passed engineering review	04/30/2020
Permit	• GPS "Date of Measurement" and "Operator's Name" corrected per attached plat; taken on Conductor.	03/23/2020

Total: 2 comment(s)

