

FORM
5
Rev
11/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:
402541565

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 05-045-24002-00 County: GARFIELD
Well Name: NPR Well Number: 24B-3-596
Location: QtrQtr: SENE Section: 3 Township: 5S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1403 feet Direction: FNL Distance: 538 feet Direction: FEL
As Drilled Latitude: 39.647439 As Drilled Longitude: -108.147983
GPS Data: GPS Quality Value: 1.3 Type of GPS Quality Value: PDOP Date of Measurement: 08/12/2019
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 1868 feet Direction: FSL Dist: 381 feet Direction: FEL
Sec: 3 Twp: 5S Rng: 96W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1791 feet Direction: FSL Dist: 446 feet Direction: FEL
Sec: 3 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) 01/30/2019 Date TD: 02/06/2019 Date Casing Set or D&A: 02/07/2019
Rig Release Date: 04/08/2019 Per Rule 308A.b.

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

Total Depth MD 11665 TVD** 11389 Plug Back Total Depth MD 11599 TVD** 11323
Elevations GR 8331 KB 8361 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, PNL

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): _____ Fresh Water (bbls): _____
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): _____

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
CONDUCTOR	30	20	A252	54#	0	100	218	100	0	VISU
SURF	14+3/4	9+5/8	J55	36#	0	2988	880	2988	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11649	996	11649	9425	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold 896 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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	

Operator Comments:

This submittal was requested by Aaron Katz on November 23, 2020. Caerus Piceance LLC attempted a cement remediation on this wellbore due to low TOC; this work failed. The remediation job log is attached for your reference. Work started on Sept 28, 2019.

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: Regulatory Lead Date: _____ 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"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402541579	OPERATIONS SUMMARY	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)

