

FORM
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Rev
12/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402989552

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>05-045-24343-00</u>	County: <u>GARFIELD</u>
Well Name: <u>BJU G35 FED</u>	Well Number: <u>14B-35-496</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>35</u> Township: <u>4S</u> Range: <u>96W</u> Meridian: <u>6</u>	
	FNL/FSL FEL/FWL
Footage at surface: Distance: <u>2046</u> feet Direction: <u>FNL</u> Distance: <u>2301</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.660453</u> As Drilled Longitude: <u>-108.134733</u>	
GPS Data: GPS Quality Value: <u>1.5</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>04/05/2022</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>2593</u> feet Direction: <u>FNL</u> Dist: <u>2456</u> feet Direction: <u>FWL</u>	
Sec: <u>35</u> Twp: <u>4S</u> Rng: <u>96W</u>	
	FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: <u>2593</u> feet Direction: <u>FNL</u> Dist: <u>2456</u> feet Direction: <u>FWL</u>	
Sec: <u>35</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>COC069557</u>	

Spud Date: (when the 1st bit hit the dirt) 03/21/2022 Date TD: 03/23/2022 Date Casing Set or D&A: 03/24/2022
 Rig Release Date: 03/24/2022 Per Rule 308A.b.

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

Total Depth MD <u>3042</u> TVD** <u>2928</u> Plug Back Total Depth MD <u>2934</u> TVD** <u>2823</u>
Elevations GR <u>8166</u> KB <u>8196</u> Digital Copies of ALL Logs must be Attached <input type="checkbox"/>

List All Logs Run:
 No logs will be run. Lost wellbore.

FLUID VOLUMES USED IN DRILLING OPERATIONS
 (Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 3690 Fresh Water (bbls): 3690
 Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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	2981	1313	2981	0	VISU

Bradenhead Pressure Action Threshold 894 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: 03/24/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	0	1,313	0	2,981

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 wellbore was lost at 3042' MD. No production casing was run, no logs were run. Well was P&A and will be capped in July 2022 once drill rig is off location.

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>			
402996086	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402996104	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402996107	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403012418	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>
		Stamp Upon Approval

Total: 0 comment(s)