

FORM
5

Rev
12/20

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:

402923172

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 05-045-24347-00 County: GARFIELD
Well Name: BJU G35 FED Well Number: 23D-35-496
Location: QtrQtr: SWNE Section: 35 Township: 4S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1989 feet Direction: FNL Distance: 2361 feet Direction: FEL
As Drilled Latitude: 39.660609 As Drilled Longitude: -108.134947
GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/05/2022
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2050 feet Direction: FSL Dist: 2345 feet Direction: FEL
Sec: 35 Twp: 4S Rng: 96W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 1960 feet Direction: FSL Dist: 2424 feet Direction: FEL
Sec: 35 Twp: 4S Rng: 96W
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC069557

Spud Date: (when the 1st bit hit the dirt) 01/09/2022 Date TD: 01/20/2022 Date Casing Set or D&A: 01/21/2022
Rig Release Date: 01/22/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11750 TVD** 11628 Plug Back Total Depth MD 11645 TVD** 11523

Elevations GR 8166 KB 8196 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): 10300 Fresh Water (bbls): 10300

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

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	30	20	A252	54#	0	100	218	100	0	VISU
SURF	14+3/4	9+5/8	J55	36#	0	3000	1030	3000	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11737	1721	11737	4936	CBL

Bradenhead Pressure Action Threshold 900 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: 01/11/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	0	1,030	0	3,000

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	3,226	NO	NO	
WASATCH	3,226	5,629	NO	NO	
WASATCH G	5,629	6,010	NO	NO	
FORT UNION	6,010	7,916	NO	NO	
OHIO CREEK	7,916	8,248	NO	NO	
WILLIAMS FORK	8,248	10,930	NO	NO	
CAMEO	10,930	11,586	NO	NO	
ROLLINS	11,586	11,750	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 BJU G35 FED 23B-35-496 (API# 05-045-24339).

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 ?	
Attachment Checklist			
402924175	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402932919	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"/>
Other Attachments			
402932922	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403012320	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403017852	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403017853	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403017860	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403017863	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)