

FORM
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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:

403002690

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>05-045-24340-00</u>	County: <u>GARFIELD</u>
Well Name: <u>BJU G35 FED</u>	Well Number: <u>14C-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>2099</u> feet Direction: <u>FNL</u> Distance: <u>2270</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.660309</u> As Drilled Longitude: <u>-108.134623</u>	
GPS Data: GPS Quality Value: <u>2.2</u> Type of GPS Quality Value: <u>PDOP</u> Date of Measurement: <u>01/19/2021</u>	
	FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: <u>1485</u> feet Direction: <u>FSL</u> Dist: <u>1453</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>1414</u> feet Direction: <u>FSL</u> Dist: <u>1395</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) 04/03/2022 Date TD: 04/10/2022 Date Casing Set or D&A: 04/11/2022
Rig Release Date: 06/07/2022 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11909 TVD** 11510 Plug Back Total Depth MD 11800 TVD** 11401

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): 10550 Fresh Water (bbls): 10550

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	3027	1030	3027	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11891	1767	11891	3302	CBL

Bradenhead Pressure Action Threshold 908 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: 04/05/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	0	1,030	0	3,027

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	3,316	NO	NO	
WASATCH	3,316	5,819	NO	NO	
WASATCH G	5,819	6,226	NO	NO	
FORT UNION	6,226	8,145	NO	NO	
OHIO CREEK	8,145	8,439	NO	NO	
WILLIAMS FORK	8,439	11,152	NO	NO	
CAMEO	11,152	11,812	NO	NO	
ROLLINS	11,812	11,909	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			
403010137	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403009917	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			
403009918	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403090298	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403090299	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403090301	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403090303	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403092844	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)