

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:

403253690

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 05-045-24434-00 County: GARFIELD
Well Name: BJU B26 FED Well Number: 14D-26-496
Location: QtrQtr: NENW Section: 26 Township: 4S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1249 feet Direction: FNL Distance: 1967 feet Direction: FWL
As Drilled Latitude: 39.677134 As Drilled Longitude: -108.138406
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/05/2021
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 2075 feet Direction: FSL Dist: 906 feet Direction: FWL
Sec: 26 Twp: 4S Rng: 96W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 2036 feet Direction: FSL Dist: 787 feet Direction: FWL
Sec: 26 Twp: 4S Rng: 96W
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC061137

Spud Date: (when the 1st bit hit the dirt) 12/11/2022 Date TD: 12/19/2022 Date Casing Set or D&A: 12/20/2022
Rig Release Date: 04/13/2023 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12200 TVD** 11848 Plug Back Total Depth MD 12084 TVD** 11732

Elevations GR 8211 KB 8241 Digital Copies of ALL Logs must be Attached

List All Logs Run:

PNL, CBL

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 7491 Fresh Water (bbls): 7491

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	2982	1045	2982	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	12173	1800	12173	1440	CBL

Bradenhead Pressure Action Threshold 895 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: 12/14/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	1,400	1,045	0	2,982

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	3,381	NO	NO	
WASATCH	3,381	5,982	NO	NO	
WASATCH G	5,982	6,350	NO	NO	
FORT UNION	6,350	8,155	NO	NO	
OHIO CREEK	8,155	8,693	NO	NO	
WILLIAMS FORK	8,693	11,504	NO	NO	
CAMEO	11,504	12,101	NO	NO	
ROLLINS	12,101	12,200	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 B26 FED 22A-26-496 (API# 05-045-24452).

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			
403261704	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403265748	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			
403265749	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403374961	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403397528	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403397529	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403397535	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403397536	LAS-DENSITY/NEUTRON	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)