

FORM
5

Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403557250

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 05-045-24326-00 County: GARFIELD
Well Name: BJU M33 FED Well Number: 24A-32-496
Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 789 feet Direction: FSL Distance: 1248 feet Direction: FWL
As Drilled Latitude: 39.653437 As Drilled Longitude: -108.178418
GPS Data: GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Date of Measurement: 12/04/2023
** If directional footage at Top of Prod. Zone Dist: 2298 feet Direction: FSL Dist: 1029 feet Direction: FEL
** If directional footage at Bottom Hole Dist: 2234 feet Direction: FSL Dist: 1177 feet Direction: FEL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC065555

Spud Date: (when the 1st bit hit the dirt) 10/10/2023 Date TD: 10/15/2023 Date Casing Set or D&A: 10/16/2023
Rig Release Date: 12/23/2023 Per Rule 308A.b.

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

Total Depth MD 11616 TVD** 11037 Plug Back Total Depth MD 11513 TVD** 10934
Elevations GR 8403 KB 8433 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): 10215 Fresh Water (bbls): 10215
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	CALC
SURF	14+3/4	9+5/8	J55	36#	0	2970	1072	2970	0	CALC
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11601	1525	11601	5608	CBL

Bradenhead Pressure Action Threshold 891 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: 10/12/2023

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	900	1,072	0	2,970

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	3,152	NO	NO	
WASATCH	3,152	5,646	NO	NO	
WASATCH G	5,646	6,086	NO	NO	
FORT UNION	6,086	7,959	NO	NO	
OHIO CREEK	7,959	8,227	NO	NO	
WILLIAMS FORK	8,227	10,805	NO	NO	
CAMEO	10,805	11,504	NO	NO	
ROLLINS	11,504	11,616	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 NPM M33 FED 13D-33-496 (API# 05-045-18719).

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 Advisor Date: _____ Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403561345	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403561325	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"/>
<u>Other Attachments</u>			
403561328	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403610901	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403610903	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403624440	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)