

FORM  
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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:

403562361

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 05-045-18721-00 County: GARFIELD
Well Name: BJU M33 FED Well Number: 14B-32-496
Location: QtrQtr: SWSW Section: 33 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 779 feet Direction: FSL Distance: 1246 feet Direction: FWL
As Drilled Latitude: 39.653410 As Drilled Longitude: -108.178428
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: 2586 feet Direction: FSL Dist: 1031 feet Direction: FEL
\*\* If directional footage at Bottom Hole Dist: 2534 feet Direction: FSL Dist: 1131 feet Direction: FEL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC065556

Spud Date: (when the 1st bit hit the dirt) 10/17/2023 Date TD: 10/23/2023 Date Casing Set or D&A: 10/24/2023
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 11697 TVD\*\* 11073 Plug Back Total Depth MD 11589 TVD\*\* 10965
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): 7696 Fresh Water (bbls): 7696
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	2971	1072	2971	0	CALC
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11677	1460	11677	5102	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: 10/19/2023

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	924	1,072	0	2,971

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	3,183	NO	NO	
WASATCH	3,183	5,691	NO	NO	
WASATCH G	5,691	6,132	NO	NO	
FORT UNION	6,132	8,014	NO	NO	
OHIO CREEK	8,014	8,285	NO	NO	
WILLIAMS FORK	8,285	10,861	NO	NO	
CAMEO	10,861	11,554	NO	NO	
ROLLINS	11,554	11,697	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 ?	
<b>Attachment Checklist</b>			
403566851	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403570032	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"/>
<b>Other Attachments</b>			
403570033	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403611227	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403611228	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403624467	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)