

FORM
5Rev
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:

403715676

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

ECMC Operator Number: 10456

Contact Name: Doug Dennison

Name of Operator: CAERUS PICEANCE LLC

Phone: (720) 547-8745

Address: 1001 17TH STREET #1600

Fax: (303) 565-4606

City: DENVER

State: CO

Zip: 80202

Email: ddennison@qb-energy.com

API Number 05-103-12499-00

County: RIO BLANCO

Well Name: ELU O13 FED

Well Number: 24C-13-496

Location: QtrQtr: SWSE Section: 13 Township: 4S Range: 96W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1285 feet Direction: FSL Distance: 2230 feet Direction: FEL

As Drilled Latitude: 39.698677 As Drilled Longitude: -108.115588

GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 05/06/2022

** If directional footage at Top of Prod. Zone Dist: 1322 feet Direction: FSL Dist: 75 feet Direction: FEL
Sec: 13 Twp: 4S Rng: 96W
FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: 1261 feet Direction: FSL Dist: 109 feet Direction: FEL
Sec: 13 Twp: 4S Rng: 96W
FNL/FSL FEL/FWL

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC057684

Spud Date: (when the 1st bit hit the dirt) 03/12/2024 Date TD: 03/19/2024 Date Casing Set or D&A: 03/19/2024

Rig Release Date: 05/16/2024 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 12855 TVD** 12558 Plug Back Total Depth MD 12752 TVD** 12454

Elevations GR 8118 KB 8144

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, PNL (DIL in 103-12505)

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 8940

Fresh Water (bbls): 8940

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	A53B	94#	0	125	218	125	0	VISU
SURF	14+3/4	9+5/8	J55	36#	0	3529	893	3529	918	VISU
1ST	8+3/4	4+1/2	P110	13.5#	0	12838	1667	12838	6572	CBL

Bradenhead Pressure Action Threshold 1059 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 CEMENTCement work date: 03/14/2024

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	SURF	918	352	0	918

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 ECMC)
	Top	Bottom	DST	Cored	
GREEN RIVER	0	3,883	NO	NO	
WASATCH	3,883	6,455	NO	NO	
WASATCH G	6,455	7,014	NO	NO	
FORT UNION	7,014	8,952	NO	NO	
OHIO CREEK	8,952	9,654	NO	NO	
WILLIAMS FORK	9,654	12,208	NO	NO	
CAMEO	12,208	12,845	NO	NO	
ROLLINS	12,845	12,855	NO	NO	

Operator Comments:

All casing and cement information and formation tops are measured from KB.
Alternative Logging Program- No Open Hole Logs were run. Resistivity Log run on ELU O13 Fed 22C-13-496 (API #05-103-12505).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Doug DennisonTitle: Sr Regulatory Manager

Date: _____

Email: ddennison@qb-energy.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
403722276	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
403723801	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>					
403723802	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403759635	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403759646	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
403789780	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404109608	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404109609	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404114234	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Return to Draft, Operator to assure that all details of SC cementing are provided; LAS logs uploaded; reporting logs run guidance abided - refer to attached PDF for List All Logs Run: example (previously corrected at ECMC); WBD if not previously submitted - due 3/13/25.	02/27/2025

Total: 1 comment(s)