

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:  
400588730

Date Received:

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 10456 4. Contact Name: Shauna DeMattee  
 2. Name of Operator: CAERUS PICEANCE LLC Phone: (720) 299-4495  
 3. Address: 600 17TH STREET #1600N Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-22306-00 6. County: GARFIELD  
 7. Well Name: NOLTE Well Number: 44C-14  
 8. Location: QtrQtr: SESE Section: 14 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 766 feet Direction: FSL Distance: 371 feet Direction: FEL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 570 feet. Direction: FSL Dist.: 639 feet. Direction: FEL  
 Sec: 14 Twp: 7S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 538 feet. Direction: FSL Dist.: 676 feet. Direction: FEL  
 Sec: 14 Twp: 7S Rng: 96W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/14/2014 13. Date TD: 03/17/2014 14. Date Casing Set or D&A: 03/17/2014

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

16. Total Depth MD 5764 TVD\*\* 5743 17 Plug Back Total Depth MD 5701 TVD\*\* 5680

18. Elevations GR 5088 KB 5112 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
 Mud Log

20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	84#	0	109	115	0	109	CALC
SURF	13+1/2	9+5/8	36#	0	1,023	290	0	1,040	CALC
1ST	8+3/4	4+1/2	11.6#	0	5,744	980		5,764	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,042		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,087		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,527		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing and cement information and formation tops are measured from KB. The As Drilled Plat, SHL lat/longs, TOC, and CBL will be submitted with the final completion report at a later date. Please note: Caerus has been granted a COGCC exception to Rule 317.o for wells on the Nolte 14-796 Pad. Per the approved Form 2 APD for the subject well, one GR and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Nolte SWD 1-14 (API # 05-045-22315) and the Nolte 44B-14 (API # 05-045-22297) Form 5 Completion Reports.

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

Signed: \_\_\_\_\_

Print Name: Shauna DeMattee

Title: Permit Representative

Date:

Email: sdeattee@progressivepcs.net

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400588806	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400588755	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"/>
400588754	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400588757	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400588758	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)