FORM 5 Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 DRILLING COMPLETION REPORT	DE	ET	OE	ES

Document Number: 400618986

Date Received:

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.

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   05-045-22309-00

6. County: GARFIELD

7. Well Name: NOLTE   Well Number: 43B-14

8. Location: QtrQtr: SESE   Section: 14   Township: 7S   Range: 96W   Meridian: 6

   Footage at surface: Distance: 796   feet   Direction: FSL   Distance: 356   feet   Direction: FEL

   As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

   ** If directional footage at Top of Prod. Zone   Dist.:   2132   feet. Direction: FSL   Dist.:   697   feet. Direction: FEL

   Sec: 14   Twp: 7S   Rng: 96W

   ** If directional footage at Bottom Hole   Dist.:   2139   feet. Direction: FSL   Dist.:   682   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)   04/16/2014   13. Date TD: 04/19/2014   14. Date Casing Set or D&A: 04/20/2014

15. Well Classification:

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

16. Total Depth   MD   6200   TVD**   5862   17 Plug Back Total Depth   MD   6141   TVD**   5803

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, Triple Combo, and CBL

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	110	115	0	110	CALC
SURF	13+1/2	9+5/8	36#	0	997	265	0	1,013	CALC
1ST	8+3/4	4+1/2	11.6#	0	6,185	1,025		6,200	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	2,952		☐	☐	
CAMEO	5,242		☐	☐	
ROLLINS	5,672		☐	☐	

Comment:

All casing and cement information and formation tops are measured from KB. The As Drilled Plat, SHL lat/longs, and TOC will be submitted with the final completion report at a later date.

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: sdemattee@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
400619832	CMT Summary *	Yes ☒ No ☐
	Core Analysis	Yes ☐ No ☒
400619793	Directional Survey **	Yes ☒ No ☐
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☒ No ☐
400619796	Other	Yes ☒ No ☐
Other Attachments		
400619836	LAS-MUD	Yes ☒ No ☐
400620610	DIRECTIONAL DATA	Yes ☒ No ☐
400620652	LAS-TRIPLE COMBINATION	Yes ☒ No ☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)