

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

400580791

Date Received:

04/28/2014

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.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10456

Contact Name: Crissy Venturo

Name of Operator: CAERUS PICEANCE LLC

Phone: (720) 352-7916

Address: 600 17TH STREET #1600N

Fax:

City: DENVER

State: CO

Zip: 80202

API Number 05-045-22315-00

County: GARFIELD

Well Name: NOLTE SWD

Well Number: 1-14

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

Footage at surface: Distance: 759 feet Direction: FSL Distance: 375 feet Direction: FEL

As Drilled Latitude: 39.432303 As Drilled Longitude: -108.069297

GPS Data:

Date of Measurement: 09/12/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 759 feet. Direction: FSL Dist.: 375 feet. Direction: FEL

Sec: 14 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 759 feet. Direction: FSL Dist.: 375 feet. Direction: FEL

Sec: 14 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/25/2014 Date TD: 03/02/2014 Date Casing Set or D&A: 03/03/2014

Rig Release Date: 05/12/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6480 TVD** 6479 Plug Back Total Depth MD 6435 TVD** 6434

Elevations GR 5088 KB 5112 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Mud, Triple Combo, and CBL

CASING, LINER AND CEMENT

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	100	115	0	100	CALC
SURF	13+1/2	9+5/8	36#	0	1,954	500	0	1,976	CALC
1ST	8+3/4	5+1/2	17#	0	6,476	505	991	6,480	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:

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	
WILLIAMS FORK	2,904				
CAMEO	5,123				
ROLLINS	5,559				
COZZETTE	5,827				
CORCORAN	6,113				

Comment:

All casing and cement information and formation tops are measured from KB. Please note: this is a proposed injection well.

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

Signed: _____

Print Name: Crissy Venturo

Title: Permit Representative

Date: 4/28/2014

Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400747273	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400747270	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>					
400580791	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400745692	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400747211	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400747218	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400747228	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400747237	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400747272	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	RETURNED TO DRAFT: Operator is to attach LAS of Triple Combo log.	12/4/2014 1:34:40 PM
Engineer	Returned to Draft. Attached surface casing cement summary is for the wrong well. {also dhs on 11/12/14.} Surface casing setting depth is less than permitted (2000'). Emailed operator.	11/10/2014 4:28:54 PM
Permit	Passes Permitting: triple combo received.	11/6/2014 3:29:48 PM
Permit	PENDING: Requesting pdf of triple combo log.	11/5/2014 8:34:28 AM
UIC	CBL in house by 11/3/2014	11/5/2014 8:05:56 AM
Permit	RETURNED TO DRAFT: Operator is to supply correct formation tops.	10/24/2014 7:55:31 AM
Agency	Pending: Operator is to supply by Sundry Notice the "as drilled" GPS when flowback operations on pad are complete. Operator is to supply TOC same way. Open hole logs were run on 045-22315 and 045-22297. Induction log was run on this well. CBL IS TO BE SUBMITTED ASAP.	6/18/2014 10:23:13 AM

Total: 7 comment(s)