

FORM
5
Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400853931

Date Received:

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: Reed Haddock
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6369
 Address: 600 17TH STREET #1600N Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202

API Number 05-045-22628-00 County: GARFIELD
 Well Name: Puckett Well Number: 13C-1
 Location: QtrQtr: 66 Section: 2 Township: 7S Range: 97W Meridian: 6
 Footage at surface: Distance: 2233 feet Direction: FNL Distance: 634 feet Direction: FEL
 As Drilled Latitude: 39.475658 As Drilled Longitude: -108.180250

GPS Data:
 Date of Measurement: 07/30/2015 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1913 feet. Direction: FSL Dist.: 741 feet. Direction: FWL
 Sec: 1 Twp: 7S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 1915 feet. Direction: FSL Dist.: 764 feet. Direction: FWL
 Sec: 1 Twp: 7S Rng: 97W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/17/2015 Date TD: 03/27/2015 Date Casing Set or D&A: 03/28/2015
 Rig Release Date: 03/28/2015 Per Rule 308A.b.

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

Total Depth MD 9138 TVD** 8900 Plug Back Total Depth MD 9059 TVD** 8815
 Elevations GR 8468 KB 8498 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
RST/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	20	20	106.5#	0	127	200	0	127	CALC
SURF	14+3/4	9+5/8	36#	0	2,484	1,661	0	2,484	CALC
1ST	8+3/4	4+1/2	11#	0	9,105	558	5,330	9,105	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	6	409	0	757
DV TOOL	1ST	6,540	185	5,330	6,540

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	
OHIO CREEK	6,040	6,308	NO	NO	
WILLIAMS FORK	6,308	8,945	NO	NO	
ROLLINS	8,945		NO	NO	

Comment:

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 Puckett 42B-2 (API# 05-045-22626) and Puckett 42D-2 (API# 05-045-22618) 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: Reed Haddock

Title: Sr. Regulatory Specialist Date: _____ Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400883918	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400883683	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"/>
Other Attachments			
400883645	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883649	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883674	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883675	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883680	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)