

**DRILLING COMPLETION REPORT**

Document Number:  
400853934

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

OGCC Operator Number: 10456 Contact Name: Natalie Naeve  
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 880-6331  
 Address: 600 17TH STREET #1600N Fax: (303) 565-4606  
 City: DENVER State: CO Zip: 80202

API Number 05-045-22631-00 County: GARFIELD  
 Well Name: PUCKETT SWD Well Number: H2 797  
 Location: QtrQtr: 66 Section: 2 Township: 7S Range: 97W Meridian: 6  
 Footage at surface: Distance: 2229 feet Direction: FNL Distance: 625 feet Direction: FEL  
 As Drilled Latitude: 39.475669 As Drilled Longitude: -108.180217

GPS Data:  
 Date of Measurement: 07/30/2015 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brian Baker

\*\* If directional footage at Top of Prod. Zone Dist.: 2233 feet. Direction: FSL Dist.: 634 feet. Direction: FEL  
 Sec: 2 Twp: 7S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 2233 feet. Direction: FSL Dist.: 634 feet. Direction: FEL  
 Sec: 2 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) 03/07/2015 Date TD: 03/15/2015 Date Casing Set or D&A: 03/16/2015  
 Rig Release Date: 03/16/2015 Per Rule 308A.b.

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

Total Depth MD 6300 TVD\*\* 6298 Plug Back Total Depth MD 6252 TVD\*\* 6245  
 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	26	20	106.5#	0	127	200	0	200	CALC
SURF	16	9+5/8	36#	0	2,493	2,187	0	2,187	CALC
1ST	8+3/4	5+1/2	17#	0	6,300	240	1,180	6,300	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/12/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	6	424	0	749
DV TOOL	1ST	4,980	214	1,180	4,980

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	5,829	6,106	NO	NO	
WILLIAMS FORK	6,106				

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: Natalie Naeve

Title: Operations Engineer

Date: \_\_\_\_\_

Email: nnaeve@caerusoilandgas.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400883921	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400883696	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"/>
<b>Other Attachments</b>			
400883687	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883689	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883690	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883693	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400883694	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)