

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:
400886858

Date Received:

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 05-045-22851-00 County: GARFIELD

Well Name: Puckett Well Number: 22C-1

Location: QtrQtr: SENW Section: 1 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 2087 feet Direction: FNL Distance: 1347 feet Direction: FWL

As Drilled Latitude: 39.476072 As Drilled Longitude: -108.173233

GPS Data:
Date of Measurement: 11/18/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1843 feet. Direction: FNL Dist.: 1889 feet. Direction: FWL
Sec: 1 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1843 feet. Direction: FNL Dist.: 1856 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) 09/25/2015 Date TD: 09/30/2015 Date Casing Set or D&A: 10/01/2015

Rig Release Date: 11/09/2015 Per Rule 308A.b.

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

Total Depth MD 8880 TVD** 8846 Plug Back Total Depth MD 8847 TVD** 8813

Elevations GR 8329 KB 8359 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Compact Triple Combo, PNL, 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	128	200	0	128	CALC
SURF	14+3/4	9+5/8	36#	0	2,550	535	0	2,550	CALC
1ST	8+3/4	4+1/2	11.6#	0	8,880	1,050	3,680	8,880	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/26/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	0	375	0	2,550

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	5,759	6,035	NO	NO	
WILLIAMS FORK	6,035	8,693	NO	NO	
ROLLINS	8,693		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 22C-1 (API# 05-045-22851).

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			
400967816	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400909321	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			
400909323	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967798	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967808	TIF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967809	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400967810	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)