

FORM
5Rev
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



DE ET OE ES

Document Number:

400967960

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 05-045-17786-00

County: GARFIELD

Well Name: Puckett

Well Number: 11B-12

Location: QtrQtr: SESE Section: 2 Township: 7S Range: 97W Meridian: 6

Footage at surface: Distance: 1043 feet Direction: FSL Distance: 335 feet Direction: FEL

As Drilled Latitude: 39.470207 As Drilled Longitude: -108.179150

GPS Data:

Date of Measurement: 11/18/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 652 feet. Direction: FNL Dist.: 205 feet. Direction: FWL

Sec: 12 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 677 feet. Direction: FNL Dist.: 206 feet. Direction: FWL

Sec: 12 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) 11/03/2015 Date TD: 11/21/2015 Date Casing Set or D&A: 11/22/2015

Rig Release Date: 02/13/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8935 TVD** 8684 Plug Back Total Depth MD 8774 TVD** 8525

Elevations GR 8424 KB 8454 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

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	2,554	535	0	2,554	VISU
1ST	8+3/4	4+1/2	11.6#	0	8,935	1,050	3,466	8,935	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	0	1,785	0	2,554

Details of work:

Top out cement

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	5,837	6,156	NO	NO	
WILLIAMS FORK	6,156	8,763	NO	NO	
ROLLINS	8,763				

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 14C-1 (API# 05-045-17794).

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

Signed: _____ Print Name: Reed HaddockTitle: Sr. Regulatory Specialist Date: _____ Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401022543	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400968099	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>					
400968101	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022539	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022540	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022541	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401022542	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)