

FORM
5Rev
09/14State 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:

400968007

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 05-045-22615-00

County: GARFIELD

Well Name: Puckett

Well Number: 13D-1

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

Footage at surface: Distance: 1100 feet Direction: FSL Distance: 313 feet Direction: FEL

As Drilled Latitude: 39.470362 As Drilled Longitude: -108.179071

GPS Data:

Date of Measurement: 11/18/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1507 feet. Direction: FSL Dist.: 714 feet. Direction: FWL

Sec: 1 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1498 feet. Direction: FSL Dist.: 680 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) 11/03/2015 Date TD: 01/12/2016 Date Casing Set or D&A: 01/13/2016

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 8930 TVD** 8834 Plug Back Total Depth MD 8868 TVD** 8772

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 | 105.6# | 0 | 128 | 200 | 0 | 128 | CALC |
| SURF | 14+3/4 | 9+5/8 | 36# | 0 | 2,530 | 535 | 0 | 2,530 | VISU |
| 1ST | 8+3/4 | 4+1/2 | 11.6# | 0 | 8,905 | 1,050 | 3,630 | 8,930 | 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 | 209 | 0 | 2,530 |

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 | 5,820 | 6,081 | NO | NO | |
| WILLIAMS FORK | 6,081 | 8,737 | NO | NO | |
| ROLLINS | 8,737 | | 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 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> | | | | | |
| 401022715 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400970707 | 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> | | | | | |
| 400970709 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401022625 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401022651 | LAS-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401022686 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 401022710 | 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)