

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:

400887000

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: 1001 17TH STREET #1600

Fax: (303) 565-4606

City: DENVER State: CO Zip: 80202

API Number 05-045-22852-00

County: GARFIELD

Well Name: Puckett

Well Number: 32A-1

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

Footage at surface: Distance: 2093 feet Direction: FNL Distance: 1343 feet Direction: FWL

As Drilled Latitude: 39.476056 As Drilled Longitude: -108.173247

GPS Data:

Date of Measurement: 11/18/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 1445 feet. Direction: FNL Dist.: 1611 feet. Direction: FEL

Sec: 1 Twp: 7S Rng: 97W

** If directional footage at Bottom Hole Dist.: 1472 feet. Direction: FNL Dist.: 1669 feet. Direction: FEL

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) 10/01/2015 Date TD: 10/06/2015 Date Casing Set or D&A: 10/07/2015

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 9360 TVD** 8924 Plug Back Total Depth MD 9326 TVD** 8890

Elevations GR 8329 KB 8359 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	2,520	535	0	2,520	CALC
1ST	8+3/4	4+1/2	11.6#	0	9,360	1,050	4,040	9,360	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/03/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	0	273	0	2,520

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	6,241	6,444	NO	NO	
ROLLINS	6,444	9,186	NO	NO	
WILLIAMS FORK	9,186		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 ?			
<u>Attachment Checklist</u>					
400967943	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400921796	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>					
400921798	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400967937	TIF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400967942	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401039647	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)