

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:

401049484

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 05-045-23079-00

County: GARFIELD

Well Name: Savage

Well Number: 8A-794-SWD

Location: QtrQtr: NENE Section: 8 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 532 feet Direction: FNL Distance: 1216 feet Direction: FEL

As Drilled Latitude: 39.458400 As Drilled Longitude: -107.906350

GPS Data:

Date of Measurement: 06/28/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: David Henderhan

** If directional footage at Top of Prod. Zone Dist.: 386 feet. Direction: FNL Dist.: 1368 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 94W

** If directional footage at Bottom Hole Dist.: 386 feet. Direction: FNL Dist.: 1368 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/18/2016 Date TD: 05/21/2016 Date Casing Set or D&A: 05/22/2016

Rig Release Date: 05/22/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6000 TVD** 5989 Plug Back Total Depth MD 5916 TVD** 5905

Elevations GR 6461 KB 6491 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	20	16	75#	0	90	200	0	90	CALC
SURF	13+1/2	9+5/8	36#	0	2,503	542	0	2,503	CALC
1ST	8+3/4	7	23#	0	5,961	351	4,380	5,931	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
ALLUVIUM	0	353	NO	NO	
WASATCH	353	2,753	NO	NO	
WASATCH G	2,753	3,310			
FORT UNION	3,310	5,124			
OHIO CREEK	5,124	5,551			
WILLIAMS FORK	5,551	6,000			

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 Savage 31B-8 (API# 05-045-18557).

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>		
401051666	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401051657	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>		
401051668	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401070261	TIF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401070276	TIF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401070278	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401070299	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401070303	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401072035	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401072064	WELL LOCATION PLAT	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)