

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:
401311658

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: 1001 17TH STREET #1600 Fax: (303) 565-4606

City: DENVER State: CO Zip: 80202

API Number 05-045-23238-00 County: GARFIELD

Well Name: Chevron Well Number: 21C-17

Location: QtrQtr: Lot 1 Section: 17 Township: 6S Range: 96W Meridian: 6

Footage at surface: Distance: 1248 feet Direction: FNL Distance: 2031 feet Direction: FEL

As Drilled Latitude: 39.528283 As Drilled Longitude: -108.129614

GPS Data:
Date of Measurement: 08/15/2017 PDOP Reading: 1.4 GPS Instrument Operator's Name: Brian Baker

** If directional footage at Top of Prod. Zone Dist.: 682 feet. Direction: FNL Dist.: 1478 feet. Direction: FWL
Sec: 17 Twp: 6S Rng: 96W

** If directional footage at Bottom Hole Dist.: 682 feet. Direction: FNL Dist.: 1478 feet. Direction: FWL
Sec: 17 Twp: 6S Rng: 96W

Field Name: GRAND VALLEY Field Number: 31290

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/18/2017 Date TD: 06/21/2017 Date Casing Set or D&A: 06/22/2017

Rig Release Date: 07/01/2017 Per Rule 308A.b.

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

Total Depth MD 7448 TVD** 7085 Plug Back Total Depth MD 7364 TVD** 7000

Elevations GR 5583 KB 5613 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, PNL

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	30	20	52.8#	0	100	218	100	0	CALC
SURF	14+3/4	9+5/8	36#	0	1,006	236	0	1,006	CALC
1ST	8+3/4	4+1/2	11.6#	0	7,411	712	3,469	7,411	CALC

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	581	NO	NO	
WASATCH	581	2,501	NO	NO	
WASATCH G	2,501	2,954	NO	NO	
FORT UNION	2,954	4,231	NO	NO	
OHIO CREEK	4,231	4,484	NO	NO	
WILLIAMS FORK	4,484	6,777	NO	NO	
CAMEO	6,777	7,312	NO	NO	
ROLLINS	7,312		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 Chevron 22E-17 (API# 05-045-23237).

COGCC currently has open hole logs for Chevron # 21A-17D (API No. 05-045-09541). This well was logged by Petroleum Development Corporation in May 2004.

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			
401312529	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401315495	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			
401315497	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363310	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363315	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363320	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401363323	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401378786	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>
		Stamp Upon Approval

Total: 0 comment(s)