

DRILLING COMPLETION REPORT

Document Number:
401608875

Date Received:

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) 565-4600
 City: DENVER State: CO Zip: 80202

API Number 05-045-23409-00 County: GARFIELD
 Well Name: Puckett Well Number: 15B-26-697
 Location: QtrQtr: SENW Section: 26 Township: 6S Range: 97W Meridian: 6
 Footage at surface: Distance: 2309 feet Direction: FNL Distance: 1686 feet Direction: FWL
 As Drilled Latitude: 39.494903 As Drilled Longitude: -108.190764

GPS Data:
 Date of Measurement: 08/21/2018 PDOP Reading: 1.6 GPS Instrument Operator's Name: TLL

** If directional footage at Top of Prod. Zone Dist.: 521 feet. Direction: FSL Dist.: 460 feet. Direction: FWL
 Sec: 26 Twp: 6S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 453 feet. Direction: FSL Dist.: 326 feet. Direction: FWL
 Sec: 26 Twp: 6S Rng: 97W

Field Name: GRAND VALLEY Field Number: 31290
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 04/06/2018 Date TD: 04/11/2018 Date Casing Set or D&A: 04/12/2018
 Rig Release Date: 07/09/2018 Per Rule 308A.b.

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

Total Depth MD 9369 TVD** 8726 Plug Back Total Depth MD 9303 TVD** 8660
 Elevations GR 8322 KB 8352 **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	54#	0	100	218	0	100	VISU
SURF	14+3/4	9+5/8	36#	0	2,520	866	0	2,520	VISU
1ST	8+3/4	4+1/2	11.6#	0	9,354	949	3,873	9,354	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	
GREENHORN	0	4,736	NO	NO	
WASATCH G	4,736	5,028	NO	NO	
FORT UNION	5,028	6,338	NO	NO	
OHIO CREEK	6,338	6,563	NO	NO	
WILLIAMS FORK	6,563	8,728	NO	NO	
CAMEO	8,728	9,193	NO	NO	
ROLLINS	9,193				

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 13D-26-697 (API# 05-045-23418).

The well log uploaded contains both the CBL and the PNL data.

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			
401608907	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401608925	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			
401608926	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735404	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401735406	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401755960	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)