

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:

401737380

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 05-045-23765-00

County: GARFIELD

Well Name: NPR

Well Number: 22C-10-596

Location: QtrQtr: NESW Section: 10 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 1911 feet Direction: FSL Distance: 2473 feet Direction: FWL

As Drilled Latitude: 39.627575 As Drilled Longitude: -108.156004

GPS Data:

Date of Measurement: 10/12/2018 PDOP Reading: 3.4 GPS Instrument Operator's Name: Dayton Slaugh

** If directional footage at Top of Prod. Zone Dist.: 1718 feet. Direction: FNL Dist.: 1179 feet. Direction: FEL

Sec: 10 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1718 feet. Direction: FNL Dist.: 1179 feet. Direction: FEL

Sec: 10 Twp: 5S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/17/2018 Date TD: Date Casing Set or D&A:

Rig Release Date: 08/30/2018 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6456 TVD** 5980 Plug Back Total Depth MD 10029 TVD** 9553

Elevations GR 6709 KB 6733 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

No logs will be run on this wellbore.

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	2,367	498	0	2,367	VISU

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	

Comment:

No logs will be run on this wellbore. The bit and motor were lost in wellbore. The sidetrack failed, wellbore is P&A. See Wellbore Diagram.

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>					
401739133	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401756358	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
401756359	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401756360	CORRESPONDENCE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401803024	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401803085	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)