

**FORM**  
**5**  
Rev  
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



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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: <u>10456</u>	Contact Name: <u>Reed Haddock</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6369</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

API Number <u>05-045-23765-00</u>	County: <u>GARFIELD</u>
Well Name: <u>NPR</u>	Well Number: <u>22C-10-596</u>
Location: QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1911</u> feet Direction: <u>FSL</u>	Distance: <u>2473</u> feet Direction: <u>FWL</u>
As Drilled Latitude: <u>39.627575</u>	As Drilled Longitude: <u>-108.156004</u>

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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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

Total: 0 comment(s)