

FORM
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Rev
12/20

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402647900

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 Email: rhaddock@caerusoilandgas.com

API Number 05-103-12379-00 County: RIO BLANCO
Well Name: ELU J14 FED Well Number: 11C-14-496
Location: QtrQtr: NESW Section: 14 Township: 4S Range: 96W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 2020 feet Direction: FSL Distance: 2343 feet Direction: FWL
As Drilled Latitude: 39.700867 As Drilled Longitude: -108.136839
GPS Data: GPS Quality Value: 1.5 Type of GPS Quality Value: PDOP Date of Measurement: 06/17/2021
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: 466 feet Direction: FNL Dist: 1323 feet Direction: FWL
Sec: 14 Twp: 4S Rng: 96W
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: 566 feet Direction: FNL Dist: 1270 feet Direction: FWL
Sec: 14 Twp: 4S Rng: 96W
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC057684

Spud Date: (when the 1st bit hit the dirt) 04/02/2021 Date TD: 04/12/2021 Date Casing Set or D&A: 04/13/2021
Rig Release Date: 04/14/2021 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 12797 TVD** 12256 Plug Back Total Depth MD 12728 TVD** 12187

Elevations GR 7880 KB 7910 Digital Copies of ALL Logs must be Attached

List All Logs Run:

CBL, PN

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 11306 Fresh Water (bbls): 11306

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	30	20	A252	54#	0	100	218	100	0	VISU
SURF	14+3/4	9+5/8	J55	36#	0	3543	1096	3543	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	12782	1726	12782	4100	CBL

Bradenhead Pressure Action Threshold 1063 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/06/2021

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	0	1,096	0	3,543

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	
GREEN RIVER	0	3,617	NO	NO	
WASATCH	3,617	6,225	NO	NO	
WASATCH G	6,225	6,830	NO	NO	
FORT UNION	6,830	8,782	NO	NO	
OHIO CREEK	8,782	9,346	NO	NO	
WILLIAMS FORK	9,346	12,037	NO	NO	
CAMEO	12,037	12,725	NO	NO	
ROLLINS	12,725		NO	NO	

Operator Comments:

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 ELU J14 FED 21B-14-496 (API# 05-103-12383).

This well was completed in September 2021. The rig will be on the J14 Pad until December 2021.

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: Regulatory Lead

Date: _____

Email: rhaddock@caerusoilandgas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402652347	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402655305	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			
402655311	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402769824	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402825972	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402825974	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402825976	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402825977	PDF-CEMENT BOND	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)