

FORM
5Rev
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:

402968777

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 05-045-24331-00

County: GARFIELD

Well Name: BJU G35 FED

Well Number: 12D-35-496

Location: QtrQtr: SWNW Section: 35 Township: 4S Range: 96W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 1984 feet Direction: FNL Distance: 2366 feet Direction: FEL

As Drilled Latitude: 39.660625 As Drilled Longitude: -108.134964

GPS Data: GPS Quality Value: 1.6 Type of GPS Quality Value: PDOP Date of Measurement: 04/05/2022

** If directional footage at Top of Prod. Zone Dist: 1755 feet Direction: FNL Dist: 473 feet Direction: FWL
Sec: 35 Twp: 4S Rng: 96W

** If directional footage at Bottom Hole Dist: 1819 feet Direction: FNL Dist: 389 feet Direction: FWL
Sec: 35 Twp: 4S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number: COC061138

Spud Date: (when the 1st bit hit the dirt) 02/28/2022 Date TD: 03/07/2022 Date Casing Set or D&A: 03/11/2022

Rig Release Date: 03/12/2022 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 11991 TVD** 11568 Plug Back Total Depth MD 11889 TVD** 11466

Elevations GR 8165 KB 8195

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

CBL, PNL

FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 10240

Fresh Water (bbls): 10240

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	3003	1033	3003	0	VISU
1ST	8+3/4	4+1/2	HCP110	11.6#	0	11976	1770	11976	4680	CBL

Bradenhead Pressure Action Threshold 901 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: 03/02/2022

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF	0	1,033	0	3,003

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	3,280	NO	NO	
WASATCH	3,280	5,849	NO	NO	
WASATCH G	5,849	6,236	NO	NO	
FORT UNION	6,236	8,159	NO	NO	
OHIO CREEK	8,159	8,503	NO	NO	
WILLIAMS FORK	8,503	11,174	NO	NO	
CAMEO	11,174	11,869	NO	NO	
ROLLINS	11,869	11,991	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 BJU G35 FED 23B-35-496 (API# 05-045-24339).

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 ?
<u>Attachment Checklist</u>		
402972337	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
402979488	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"/>
<u>Other Attachments</u>		
402979489	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403012370	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403018028	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403018029	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403018030	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
403018033	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)