

FORM
5

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:

403157541

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 05-045-24433-00 County: GARFIELD
Well Name: BJU B26 FED Well Number: 12B-26-496
Location: QtrQtr: NENW Section: 26 Township: 4S Range: 96W Meridian: 6
Footage at surface: Distance: 1126 feet Direction: FNL Distance: 1960 feet Direction: FWL
As Drilled Latitude: 39.677469 As Drilled Longitude: -108.138430
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 10/25/2022
** If directional footage at Top of Prod. Zone Dist: 1206 feet Direction: FNL Dist: 1239 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 1299 feet Direction: FNL Dist: 1108 feet Direction: FWL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number: COC064814

Spud Date: (when the 1st bit hit the dirt) 09/05/2022 Date TD: 09/12/2022 Date Casing Set or D&A: 09/13/2022
Rig Release Date: 09/13/2022 Per Rule 308A.b.

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

Total Depth MD 11857 TVD** 11803 Plug Back Total Depth MD 11791 TVD** 11737
Elevations GR 8211 KB 8241 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): 10345 Fresh Water (bbls): 10345
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 | 2993 | 1148 | 2993 | 0 | VISU |
| 1ST | 8+3/4 | 4+1/2 | HCP110 | 11.6# | 0 | 11857 | 1783 | 11857 | 4318 | CBL |

Bradenhead Pressure Action Threshold 898 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: 09/07/2022

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | SURF | 0 | 1,148 | 0 | 2,993 |

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 | 3,351 | NO | NO | |
| WASATCH | 3,351 | 5,751 | NO | NO | |
| WASATCH G | 5,751 | 6,164 | NO | NO | |
| FORT UNION | 6,164 | 8,008 | NO | NO | |
| OHIO CREEK | 8,008 | 8,468 | NO | NO | |
| WILLIAMS FORK | 8,468 | 11,315 | NO | NO | |
| CAMEO | 11,315 | 11,841 | NO | NO | |
| ROLLINS | 11,841 | 11,857 | 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 B26 FED 22A-26-496 (API# 05-045-24452).

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 | | | |
| 403159626 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 403171261 | 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 | | | |
| 403171263 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403210647 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403210648 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403210650 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403210652 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 403210658 | 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)