

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.

Document Number:
400631812

Date Received:
09/23/2014

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10456 Contact Name: Crissy Venturo

Name of Operator: CAERUS PICEANCE LLC Phone: (720) 352-7916

Address: 600 17TH STREET #1600N Fax: _____

City: DENVER State: CO Zip: 80202

API Number 05-045-22394-00 County: GARFIELD

Well Name: ISLAND RANCH Well Number: 24B-13

Location: QtrQtr: Lot 10 Section: 13 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1334 feet Direction: FSL Distance: 1055 feet Direction: FWL

As Drilled Latitude: 39.433867 As Drilled Longitude: -108.064256

GPS Data:
Date of Measurement: 11/03/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: Harold Marshall

** If directional footage at Top of Prod. Zone Dist.: 882 feet. Direction: FSL Dist.: 1991 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 858 feet. Direction: FSL Dist.: 1965 feet. Direction: FWL
Sec: 13 Twp: 7S Rng: 96W

Field Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/06/2014 Date TD: 06/08/2014 Date Casing Set or D&A: 06/09/2014

Rig Release Date: 07/08/2014 Per Rule 308A.b.

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

Total Depth MD 6000 TVD** 5842 Plug Back Total Depth MD 5951 TVD** 5793

Elevations GR 5056 KB 5080 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Mud, Triple Combo, and CBL

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	26	20	94#	0	94	100	0	94	CALC
SURF	13+1/2	9+5/8	36#	0	991	265	0	1,027	CALC
1ST	8+3/4	4+1/2	11.6#	0	5,996	940	2,475	6,000	CBL

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	
WILLIAMS FORK	3,067				
CAMEO	5,373				
ROLLINS	5,770				

Comment:

All casing and cement information and formation tops are measured from KB. Per the approved Form 2 APD for the subject well, one GR and one resistivity log was required for this multi-well pad. Please refer to the open hole logs submitted with the Island Ranch 23D-13 (API# 05-045-22393) and Island Ranch 24A-13 (API# 05-045-22398) Form 5 Completion Report.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Crissy Venturo

Title: Permit Representative Date: 9/23/2014 Email: cventuro@progressivepcs.net

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400744957	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400744941	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			
400631812	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400726744	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744942	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744952	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744972	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744973	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744974	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>
Permit	Return to Draft at request of operator.	11/7/2014 3:24:01 PM

Total: 1 comment(s)