

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reoperation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10447 4. Contact Name: Shauna Redican
2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8350
3. Address: 1050 17TH STREET #2400 City: DENVER State: CO Zip: 80265 Fax: (720) 508-8368

5. API Number 05-045-11375-00 6. County: GARFIELD
7. Well Name: GYPSUM RANCH Well Number: A2
8. Location: QtrQtr: SWNW Section: 14 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/03/2013 End Date: 06/04/2013 Date of First Production this formation: 10/14/2007
Perforations Top: 6353 Bottom: 6718 No. Holes: 96 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: [ ]

FWFCM- Frac'd with 35,013 bbls 2% Slickwater and 24 bbls 7.5% HCL Acid

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): 35013 Max pressure during treatment (psi): 5774
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.95
Total acid used in treatment (bbl): 24 Number of staged intervals: 2
Recycled water used in treatment (bbl): 35013 Flowback volume recovered (bbl): 28010
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/25/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 102 Bbl H2O: 24
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 102 Bbl H2O: 24 GOR: 0
Test Method: Flowing Casing PSI: 1120 Tubing PSI: 1110 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1180 API Gravity Oil: 52
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6549 Tbg setting date: 05/20/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

Please note, this Form 5A is being submitted for a re-completion of the subject well. Please see the previously submitted Form 5A for original completion details. No wellbore diagram available.

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

Signed: \_\_\_\_\_ Print Name: Shauna Redican

Title: Permit Representative Date: \_\_\_\_\_ Email sredican@ursaresources.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)