

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns DE, ET, OE, ES

Document Number: 400440136

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, reperforation 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 05-045-13885-00 6. County: GARFIELD
7. Well Name: ROBINSON Well Number: A6
8. Location: QtrQtr: SWSW Section: 8 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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

Treatment Date: 05/28/2013 End Date: 06/01/2013 Date of First Production this formation: 05/18/2007
Perforations Top: 6155 Bottom: 7092 No. Holes: 233 Hole size: 0.37

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

WFCM - Frac'd with 87,508 bbls 2% KCL Slickwater and 48 bbls 7.5% HCL Acid

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

Total fluid used in treatment (bbl): 87508 Max pressure during treatment (psi): 7471
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): 0.92
Total acid used in treatment (bbl): 48 Number of staged intervals: 4
Recycled water used in treatment (bbl): 87476 Flowback volume recovered (bbl): 69994
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: 07/11/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 191 Bbl H2O: 237
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 191 Bbl H2O: 237 GOR: 0
Test Method: Flowing Casing PSI: 775 Tubing PSI: 250 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: 6607 Tbg setting date: 06/12/2013 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

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

Total: 0 comment(s)