

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Document Number:

400549347

Date Received:

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.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10447

4. Contact Name: Shauna DeMattee

2. Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8350

3. Address: 1050 17TH STREET #2400

Fax:

City: DENVER State: CO Zip: 80265

5. API Number 05-045-22102-00

6. County: GARFIELD

7. Well Name: BAT

Well Number: 33A-24-07-96

8. Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1956 feet Direction: FSL Distance: 1949 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 2649 feet. Direction: FSL Dist.: 1987 feet. Direction: FEL

Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2647 feet. Direction: FSL Dist.: 2009 feet. Direction: FEL

Sec: 24 Twp: 7S Rng: 96W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/26/2013 13. Date TD: 01/19/2014 14. Date Casing Set or D&A: 01/22/2014

15. Well Classification:

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

16. Total Depth MD 6098 TVD** 5742 17 Plug Back Total Depth MD 6022 TVD** 5666

18. Elevations GR 5183 KB 5198

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Mud, Pulsed Neutron, Triple Combo, and CBL

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 20 | 16 | 84# | 0 | 76 | 50 | 0 | 76 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32# | 0 | 1,825 | 695 | 0 | 1,829 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 6,068 | 745 | 2,502 | 6,098 | 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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| WILLIAMS FORK | 3,011 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 5,439 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 5,960 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

All casing and cement information are measured from KB. All formations are measured from surface. The As Drilled Plat and SHL lat/longs will be submitted with the final 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: Shauna DeMattee

Title: Permit Representative

Date: _____

Email: sdemattee@ursaresources.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400575031 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400574507 | 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"/> |
| 400574031 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400574040 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400574041 | LAS-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400574042 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400574079 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)