<table>
<tr><td>

FORM 5

Rev 02/08
</td><td colspan="2">

State of Colorado
Oil and Gas Conservation Commission

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

DRILLING COMPLETION REPORT
</td></tr>
</table>

DE	ET	OE	ES

Document Number:

400583436

Date Received:

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

2. Name of Operator: URSA OPERATING COMPANY LLC

3. Address: 1050 17TH STREET #2400

City: DENVER   State: CO   Zip: 80265

4. Contact Name: JENNIFER LIND

Phone: (720) 508-8362

Fax:

---

5. API Number: 05-045-19373-00

6. County: GARFIELD

7. Well Name: McLin   Well Number: B19

8. Location: QtrQtr: NENE   Section: 13   Township: 6S   Range: 92W   Meridian: 6

Footage at surface: Distance: 1273 feet Direction: FNL   Distance: 456 feet Direction: FEL

As Drilled Latitude: 39.530973   As Drilled Longitude: -107.608063

GPS Data:

Data of Measurement: 03/16/2012   PDOP Reading: 2.4   GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

Sec: _____   Twp: _____   Rng: _____

** If directional footage at Bottom Hole   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____

Sec: _____   Twp: _____   Rng: _____

9. Field Name: KOKOPELLI   10. Field Number: 47525

11. Federal, Indian or State Lease Number: _____

---

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2013 13. Date TD: _____   14. Date Casing Set or D&A: 09/13/2013

15. Well Classification:

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

16. Total Depth MD 1045   TVD** 1045   17 Plug Back Total Depth   MD 984   TVD** 984

18. Elevations GR 5598   KB 5613   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:

LOGS HAVE NOT BEEN RUN.

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	24	16+/85	84	0	75	111	0	75	CALC
SURF	12+1/4	8+5/8	32	0	1,029	651	0	1,045	CALC

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	
			☐	☐	

Comment:

The surface section of this well has been drilled, cased and cemented. Surface rid release date was 9/13/13. This Preliminary Form 5 provides details for the work done to date. Ursa plans drill this well to TD in mid-2014. Once the well is drilled to TD and completed, a Final Form 5 (and associated Form 5A) will be submitted. Logs will be run once well is drilled to TD and submitted with the Final Form 5.

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

Signed: _____   Print Name: JENNIFER LIND

Title: REGULATORY ANALYST   Date: Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)