

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



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Document Number:

400589649

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  
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:  
Email: JLIND@URSARESOURCE.COM

5. API Number 05-045-22313-00  
6. County: GARFIELD  
7. Well Name: BAT  
Well Number: 23CWI-24-07-96  
8. Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ILES Status: INJECTING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/16/2014 End Date: 04/18/2014 Date of First Production this formation:

Perforations Top: 5792 Bottom: 6291 No. Holes: 160 Hole size: 0.44

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 61,268 bbls 2% slickwater, 24 bbls 7.5% HCL Acid and 6,444 lbs of 30/50 sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 61268 Max pressure during treatment (psi): 4375

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.68

Total acid used in treatment (bbl): 24 Number of staged intervals: 20

Recycled water used in treatment (bbl): 61262 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 6444 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5705 Tbg setting date: 04/29/2014 Packer Depth: 5696

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:

Form 5A submitted for the BAT 23CWI-24-07-96 injection well.

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

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### Attachment Check List

**Att Doc Num**

**Name**

400602170

WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)