

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:

400583724

Date Received:

04/09/2014

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: JENNIFER LIND

2. Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8362

3. Address: 1050 17TH STREET #2400

Fax:

City: DENVER State: CO Zip: 80265

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

Footage at surface: Distance: 1826 feet Direction: FSL Distance: 2064 feet Direction: FWL

As Drilled Latitude: 39.420635 As Drilled Longitude: -108.059997

GPS Data:

Date of Measurement: 08/05/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone Dist.: 1826 feet. Direction: FSL Dist.: 2064 feet. Direction: FWL

Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1826 feet. Direction: FSL Dist.: 2064 feet. Direction: FWL

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) 02/20/2014 13. Date TD: 02/27/2014 14. Date Casing Set or D&A: 02/28/2014

15. Well Classification:

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

16. Total Depth MD 6450 TVD** 6448 17 Plug Back Total Depth MD 6378 TVD** 6376

18. Elevations GR 5182 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:

CBL, Mud, Pulsed Neutron, Density / Neutron

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	75	0	75	111	0	75	CALC
SURF	12+1/4	9+5/8	36	0	1,730	367	0	1,750	CALC
1ST	8+3/4	5+1/2	17	0	6,424	900	0	6,450	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	2,627		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,006		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,527		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	5,802		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	6,043		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

Final Form 5 Drilling Completion Report for injection well. As-drilled lat longs have not yet been collected for this well. The GPS information will be submitted via sundry notice Form 4 once it is complete. This well has not yet been completed. Upon completion, a Form 5A, Completed Interval Report will be submitted.

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: 4/9/2014

Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400610724	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400583724	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583763	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583766	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583768	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583769	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583770	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583774	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400583775	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	RETURNED TO DRAFT: logs, cement report on surface pipe.	5/15/2014 2:13:26 PM
Permit	Pending: Lacks logs, cement report, CBL. Vertical injection well.	5/9/2014 1:49:20 PM

Total: 2 comment(s)