

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:

400623334

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: 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 05-045-20539-00

6. County: GARFIELD

7. Well Name: BAT

Well Number: 14A-17-07-95

8. Location: QtrQtr: SESE Section: 18 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 366 feet Direction: FSL Distance: 803 feet Direction: FEL

As Drilled Latitude: 39.431429 As Drilled Longitude: -108.033174

GPS Data:

Date of Measurement: 03/04/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone Dist.: 1127 feet. Direction: FSL Dist.: 642 feet. Direction: FWL

Sec: 17 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1127 feet. Direction: FSL Dist.: 642 feet. Direction: FWL

Sec: 17 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE

10. Field Number: 67350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2014 13. Date TD: 06/06/2014 14. Date Casing Set or D&A: 06/06/2014

15. Well Classification:

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

16. Total Depth MD 6750 TVD** 6406 17 Plug Back Total Depth MD 6690 TVD** 6346

18. Elevations GR 5441 KB 5456

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

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	17+1/2	16	85	0	75	70	0	75	CALC
SURF	12+1/4	8+5/8	32	0	1,783	550	0	1,783	CALC
1ST	7+7/8	4+1/2	11.6	0	6,735	860	2,110	6,750	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	3,654		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,076		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,597		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES.

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 ?			
<u>Attachment Checklist</u>					
400630548	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400630547	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"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400630529	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630530	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630532	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630533	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630537	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630549	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400630551	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)