

FORM
5
Rev
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



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Document Number:
400644168

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 05-045-22098-00 6. County: GARFIELD
 7. Well Name: BAT Well Number: 13C-24-07-96
 8. Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1931 feet Direction: FSL Distance: 1940 feet Direction: FWL
 As Drilled Latitude: 39.420917 As Drilled Longitude: -108.060439

GPS Data:
 Date of Measurement: 03/04/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone Dist.: 1752 feet. Direction: FSL Dist.: 968 feet. Direction: FWL
 Sec: 24 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1752 feet. Direction: FSL Dist.: 968 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) 05/13/2014 13. Date TD: 06/15/2014 14. Date Casing Set or D&A: 06/15/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5805 TVD** 5646 17 Plug Back Total Depth MD 5744 TVD** 5585

18. Elevations GR 5182 KB 5197 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, PULSED NEUTRON, MUD

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	70	0	75	CALC
SURF	12+1/4	8+5/8	32	0	1,802	415	0	1,817	CALC
1ST	7+7/8	4+1/2	11.6	0	5,790	690	2,150	5,805	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	2,698		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,114		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,635		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS-DRILLED WELL LOCATION PLAT IS ATTACHED FOR YOUR REFERENCE.

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400644201	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"/>
Other Attachments			
400644188	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644191	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644192	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644199	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644200	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644202	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400645708	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)