

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.

Document Number:
400681393

Date Received:

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 05-045-22415-00 6. County: GARFIELD
 7. Well Name: CSF Well Number: 44C-09-07-91
 8. Location: QtrQtr: NESW Section: 9 Township: 7S Range: 91W Meridian: 6
 Footage at surface: Distance: 1448 feet Direction: FSL Distance: 2506 feet Direction: FWL
 As Drilled Latitude: 39.458536 As Drilled Longitude: -107.558871

GPS Data:
Date of Measurement: 08/26/2014 PDOP Reading: 1.2 GPS Instrument Operator's Name: S. AIBNER

** If directional footage at Top of Prod. Zone Dist.: 500 feet. Direction: FSL Dist.: 762 feet. Direction: FEL
 Sec: 9 Twp: 7S Rng: 91W
 ** If directional footage at Bottom Hole Dist.: 500 feet. Direction: FSL Dist.: 762 feet. Direction: FEL
 Sec: 9 Twp: 7S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: COC 066578

12. Spud Date: (when the 1st bit hit the dirt) 06/22/2014 13. Date TD: 07/14/2014 14. Date Casing Set or D&A: 07/15/2014

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

16. Total Depth MD 7972 TVD** 7260 17 Plug Back Total Depth MD 7921 TVD** 7209

18. Elevations GR 6807 KB 6822
 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	24	16	84	0	60	70	0	60	CALC
SURF	12+1/4	8+5/8	32	0	1,126	280	0	1,143	CALC
1ST	7+7/8	4+1/2	11.6	0	7,968	1,075	2,410	7,972	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	3,307		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,436		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,693		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACUTAL, AS-DRILLED COORDINATES. AS-DRILLED 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			
400681536	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400681534	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			
400681420	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400681423	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400681428	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400681435	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400681539	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400681540	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)