

FORM  
5Rev  
09/14

## 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:

400761707

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

OGCC Operator Number: 10447

Contact Name: JENNIFER LIND

Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8362

Address: 1050 17TH STREET #2400

Fax:

City: DENVER

State: CO

Zip: 80265

API Number 05-045-19959-00

County: GARFIELD

Well Name: Frei

Well Number: A3

Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 483 feet Direction: FSL Distance: 893 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: KOKOPELLI

Field Number: 47525

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 02/03/2014 Date TD: Date Casing Set or D&amp;A:

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 1054 TVD\*\* 1054 Plug Back Total Depth MD TVD\*\*

Elevations GR 5596 KB 5611 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

WILL BE PROVIDED WITH FINAL FORM 5 SUBMITTAL.

## CASING, LINER AND CEMENT

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	75	0	60	70	0	60	CALC
SURF	12+1/4	8+5/8	32	0	1,044	280	0	1,054	CALC

## 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:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

PRELIMINARY FORM 5 BEING SUBMITTED TO BRING THIS WELL INTO COMPLIANCE WITH RULE 308A. THIS WELL HAS SURFACE CASING SET ONLY. SURFACE CASING WAS PRE-SET ON ALL PERMITTED WELLS ON THIS LOCATION. DRILLING OPERATIONS WERE SUSPENDED ON 2/7/2014 DUE TO PRODUCTION RIG DRILLING SCHEDULE - URS A PLANS TO REOCCUPY THE FREI A PAD IN JANUARY, 2015 TO COMMENCE DRILLING OF THE PRODUCTION ON REMAINING PERMITTED WELLS. AS-DRILLED COORDINATES, FINAL BOTTOM HOLE LOCATION AND ALL OTHER MISSING INFORMATION WILL BE PROVIDED ON THE FINAL FORM 5.

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@URSARESOURCE.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400761714	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)