

FORM
5
Rev
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



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Document Number:
400761747

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 05-045-19388-00 County: GARFIELD
 Well Name: McLin Well Number: B13
 Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 1222 feet Direction: FNL Distance: 550 feet Direction: FEL
 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) 03/04/2014 Date TD: _____ Date Casing Set or D&A: _____
 Rig Release Date: _____ Per Rule 308A.b.

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

Total Depth MD 1027 TVD** 1027 Plug Back Total Depth MD _____ TVD** _____

Elevations GR 5598 KB 5613 **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	50	0	60	CALC
SURF	12+1/4	8+5/8	32	0	1,026	279	0	1,027	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 3/7/2014 DUE TO PRODUCTION RIG DRILLING SCHEDULE - URSA PLANS TO REOCCUPY THE MCLIN B PAD IN FEBRUARY, 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@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400761755	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

Total: 0 comment(s)