

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



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Document Number:

400759277

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 05-045-22362-00

County: GARFIELD

Well Name: Valley Farms L

Well Number: 44B-11-06-92

Location: QtrQtr: SESE Section: 11 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1258 feet Direction: FNL Distance: 1090 feet Direction: FEL

As Drilled Latitude: 39.537750 As Drilled Longitude: -107.629059

## GPS Data:

Date of Measurement: 02/23/2015 PDOP Reading: 1.3 GPS Instrument Operator's Name: AIBNER

\*\* If directional footage at Top of Prod. Zone Dist.: 873 feet. Direction: FSL Dist.: 649 feet. Direction: FEL

Sec: 11 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 873 feet. Direction: FSL Dist.: 649 feet. Direction: FEL

Sec: 11 Twp: 6S Rng: 92W

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/05/2014 Date TD: 12/27/2014 Date Casing Set or D&amp;A: 12/28/2014

Rig Release Date: 12/29/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 7288 TVD\*\* 7232 Plug Back Total Depth MD 7227 TVD\*\* 7171

Elevations GR 5577 KB 5600 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

OPEN HOLE LOGS WERE RUN ON THIS WELL. LOGS ATTACHED: CBL, MUD, PULSED NEUTRON, TRIPLE COMBO

## 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	24	16	75	0	60	70	0	60	CALC
SURF	12+1/4	8+5/8	32	0	995	260	0	1,007	CALC
1ST	7+7/8	4+1/2	11.6	0	7,278	855	1,835	7,288	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:

## 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	
WILLIAMS FORK	3,396		NO	NO	
CAMEO	6,030		NO	NO	
ROLLINS	7,025		NO	NO	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, 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@URSARESOURCE.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400804623	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400801194	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>			
400801169	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801172	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801176	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801189	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801191	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801193	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801195	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801197	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)