

**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:  
400759279

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 05-045-22449-00 County: GARFIELD  
 Well Name: VALLEY FARMS L Well Number: 34A-11-06-92  
 Location: QtrQtr: SESE Section: 11 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1270 feet Direction: FSL Distance: 1068 feet Direction: FEL  
 As Drilled Latitude: 39.537783 As Drilled Longitude: -107.628981

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.: 1251 feet. Direction: FSL Dist.: 1971 feet. Direction: FEL  
 Sec: 11 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 1251 feet. Direction: FSL Dist.: 1971 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) 11/08/2014 Date TD: 01/08/2015 Date Casing Set or D&A: 01/09/2015  
 Rig Release Date: 01/10/2015 Per Rule 308A.b.

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

Total Depth MD 7400 TVD\*\* 7272 Plug Back Total Depth MD 7329 TVD\*\* 7201  
 Elevations GR 5577 KB 5600 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD, PULSED NEUTRON. OPEN HOLE LOGS WERE RUN ON THE VALLEY FARMS L 44B-11-06-92 (API 05-045-22362).

**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	1,002	260	0	1,007	CALC
1ST	7+7/8	4+1/2	11.6	0	7,377	875	2,275	7,400	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	3,533		NO	NO	
CAMEO	6,187		NO	NO	
ROLLINS	7,182		NO	NO	

Comment:

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 ?	
<b>Attachment Checklist</b>			
400804883	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400801266	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"/>
<b>Other Attachments</b>			
400801253	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801256	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801257	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801263	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801265	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400801267	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)