

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:

400822746

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 05-045-22323-00

County: GARFIELD

Well Name: Valley Farms

Well Number: J16

Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 270 feet Direction: FNL Distance: 1291 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) 01/23/2015 Date TD: 01/23/2015 Date Casing Set or D&amp;A: 01/24/2015

Rig Release Date: 01/24/2015 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 1041 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 5541 KB 5556 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

LOGS WILL BE PROVIDED WITH THE 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	24	16	75	0	75	70	0	75	CALC
SURF	12+1/4	8+5/8	32	0	1,041	220	0	1,041	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:

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### **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 FOR THE VALLEY FARMS J16. ACTUAL CONDUCTOR AND SURFACE CASING AND CEMENT INFORMATION HAS BEEN PROVIDED IN THE CASING SECTION. AS-DRILLED LAT/LONGS AND DIRECTIONAL SURVEY ARE NOT AVAILABLE - THESE WILL BE PROVIDED WITH THE FINAL FORM 5 SUBMITTAL. SURFACE CEMENT JOB REPORT IS ATTACHED. DRILLING OPERATIONS ARE CURRENTLY SCHEDULED TO RESUME ON THE VALLEY FARMS J PAD IN JANUARY, 2016 (SUBJECT TO CHANGE BASED ON DRILLING SCHEDULE AND COMMODITY PRICE).

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 ?			
<u>Attachment Checklist</u>					
400824424	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**

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

Total: 0 comment(s)