

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:
400831616

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 05-045-22416-00 County: GARFIELD
 Well Name: BAT Well Number: 34B-24-07-96
 Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6
 Footage at surface: Distance: 1835 feet Direction: FSL Distance: 2056 feet Direction: FWL
 As Drilled Latitude: 39.420660 As Drilled Longitude: -108.060027

GPS Data:
 Date of Measurement: 02/26/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone Dist.: 1088 feet. Direction: FSL Dist.: 1948 feet. Direction: FEL
 Sec: 24 Twp: 7S Rng: 96W
 ** If directional footage at Bottom Hole Dist.: 1088 feet. Direction: FSL Dist.: 1948 feet. Direction: FEL
 Sec: 24 Twp: 7S Rng: 96W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: COC027825

Spud Date: (when the 1st bit hit the dirt) 10/06/2014 Date TD: 02/05/2015 Date Casing Set or D&A: 02/06/2015
 Rig Release Date: 02/07/2015 Per Rule 308A.b.

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

Total Depth MD 6010 TVD** 5674 Plug Back Total Depth MD 5942 TVD** 5606

Elevations GR 5182 KB 5195 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 CBL, MUD, PULSED NEUTRON. OPEN HOLE LOGS WERE PREVIOUSLY RUN ON 2 WELLS ON THIS PAD: BAT 12B-24-07-96 (05-045-20562) AND BAT 23CWI-24-07-96 (05-045-22313)

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	73	70	0	73	CALC
SURF	12+1/4	8+5/8	32	0	1,862	360	0	1,867	CALC
1ST	7+7/8	4+1/2	11.6	0	5,989	655	1,820	6,010	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	2,933		NO	NO	
CAMEO	5,376		NO	NO	
ROLLINS	5,897		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@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400831762	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400831783	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"/>
Other Attachments			
400831662	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831668	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831671	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831674	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831761	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400831786	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)