

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:

400831621

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 05-045-22418-00

County: GARFIELD

Well Name: BAT

Well Number: 24C-24-07-96

Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1820 feet Direction: FSL Distance: 2039 feet Direction: FWL

As Drilled Latitude: 39.420619 As Drilled Longitude: -108.060084

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.: 552 feet. Direction: FSL Dist.: 1996 feet. Direction: FWL

Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 552 feet. Direction: FSL Dist.: 1996 feet. Direction: FWL

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) 09/21/2014 Date TD: 02/24/2015 Date Casing Set or D&A: 02/25/2015

Rig Release Date: 02/26/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5876 TVD** 5610 Plug Back Total Depth MD 5822 TVD** 5567

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 | 1,825 | 450 | 0 | 1,825 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 5,866 | 660 | 1,720 | 5,876 | 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 | 2,775 | | NO | NO | |
| CAMEO | 5,211 | | NO | NO | |
| ROLLINS | 5,732 | | 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> | | | | | |
| 400832503 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400832970 | 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> | | | | | |
| 400832482 | PDF-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400832486 | PDF-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400832488 | LAS-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400832489 | PDF-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400832499 | WELL LOCATION PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400832971 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
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| | | |
|--|--|--|

Total: 0 comment(s)