

FORM
5Rev
09/14State 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:

400831623

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 05-045-22417-00

County: GARFIELD

Well Name: BAT

Well Number: 34D-24-07-96

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

Footage at surface: Distance: 1811 feet Direction: FSL Distance: 2048 feet Direction: FWL

As Drilled Latitude: 39.420593 As Drilled Longitude: -108.060056

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.: 382 feet. Direction: FSL Dist.: 1920 feet. Direction: FEL

Sec: 24 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 382 feet. Direction: FSL Dist.: 1920 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) 09/23/2015 Date TD: 02/27/2015 Date Casing Set or D&A: 02/28/2015

Rig Release Date: 03/01/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 6261 TVD** 5664 Plug Back Total Depth MD 6203 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	1,948	465	0	1,957	CALC
1ST	7+7/8	4+1/2	11.6	0	6,248	720	2,810	6,261	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	3,133		NO	NO	
CAMEO	5,590		NO	NO	
ROLLINS	6,111		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>					
400832612	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400832601	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>					
400832581	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400832590	PDF-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400832593	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400832598	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400832611	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400832614	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)