

FORM 5A

Rev 06/12

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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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10447 4. Contact Name: JENNIFER LIND
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362
 3. Address: 1050 17TH STREET #2400 Fax: _____
 City: DENVER State: CO Zip: 80265 Email: JLIND@URSARESOURCE.COM

5. API Number 05-045-22802-00 6. County: GARFIELD
 7. Well Name: WATSON RANCH B Well Number: 33C-17-07-95
 8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/30/2015 End Date: 08/06/2015 Date of First Production this formation: 08/08/2015

Perforations Top: 4748 Bottom: 6763 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole:

Frac'd with 93,861 bbls 2% slickwater and no sand. Zipper frac with offset well Watson Ranch B 33A-17-07-95 (API # 05-045-22800)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 93861 Max pressure during treatment (psi): 7487

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.70

Total acid used in treatment (bbl): _____ Number of staged intervals: 8

Recycled water used in treatment (bbl): 93861 Flowback volume recovered (bbl): 21451

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/19/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1458 Bbl H2O: 1461

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1458 Bbl H2O: 1461 GOR: 0

Test Method: Flowing Casing PSI: 450 Tubing PSI: _____ Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1074 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5768 Tbg setting date: 08/26/2015 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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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
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400893040	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)