

**FORM
5**Rev
09/14**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

400873448

Date Received:

07/27/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-045-22800-00 County: GARFIELD
Well Name: WATSON RANCH B Well Number: 33A-17-07-95
Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 1069 feet Direction: FSL Distance: 1928 feet Direction: FWL
As Drilled Latitude: 39.433394 As Drilled Longitude: -108.023540

GPS Data:

Date of Measurement: 04/07/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOFFMANN** If directional footage at Top of Prod. Zone Dist.: 2398 feet Direction: FSL Dist.: 1970 feet Direction: FELSec: 17 Twp: 7S Rng: 95W** If directional footage at Bottom Hole Dist.: 2398 feet Direction: FSL Dist.: 1970 feet Direction: FELSec: 17 Twp: 7S Rng: 95WField Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 03/09/2015 Date TD: 04/24/2015 Date Casing Set or D&A: 04/24/2015Rig Release Date: 04/25/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 7180 TVD** 6694 Plug Back Total Depth MD 7112 TVD** 6626Elevations GR 5585 KB 5602 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, MUD, PULSED NEUTRON. NO OPEN HOLE LOGS WERE RUN ON THIS WELL. IN ACCORDANCE WITH RULE 317.p., OPEN HOLE LOGS WERE RUN ON THE WATSON RANCH B 24AWI (API # 05-045-22801).

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	77	70	0	77	VISU
SURF	12+1/4	8+5/8	32	0	1,795	410	0	1,795	VISU
1ST	7+7/8	4+1/2	11.6	0	7,158	880	1,580	7,158	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:

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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	
WILLIAMS FORK	4,004		NO	NO	
CAMEO	6,468		NO	NO	
ROLLINS	6,997		NO	NO	

Operator Comments

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS-DRILLED PLAT 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: 7/27/2015 Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400874326	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400874327	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>		
400873448	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874311	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874313	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874319	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874320	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874325	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400874329	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Surface casing setting depth adjusted as per cement job summary. TD date adjusted as per MUD log.	9/10/2015 8:52:27 AM
Permit	Passes permitting.	9/9/2015 6:53:38 AM

Total: 2 comment(s)