

**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



Document Number:

400761717

Date Received:

12/31/2014

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 05-045-19952-00 County: GARFIELD
Well Name: Frei Well Number: A4
Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 470 feet Direction: FSL Distance: 891 feet Direction: FWL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

Field Name: KOKOPELLI Field Number: 47525

Federal, Indian or State Lease Number: _____

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

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 1054 TVD** _____ Plug Back Total Depth MD 1030 TVD** _____Elevations GR 5596 KB 5611 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

WILL BE PROVIDED WITH FINAL FORM 5 SUBMITTAL.

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	17+1/2	16	75	0	60	70	0	60	VISU
SURF	12+1/4	8+5/8	32	0	1,030	280	0	1,030	VISU

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	

Operator Comments

PRELIMINARY FORM 5 BEING SUBMITTED TO BRING THIS WELL INTO COMPLIANCE WITH RULE 308A. THIS WELL HAS SURFACE CASING SET ONLY. DRILLING OPERATIONS WERE SUSPENDED ON 2/7/2014 DUE TO OUR PRODUCTION RIG DRILLING SCHEDULE. URS A PLANS TO REOCCUPY THE FREI PAD IN Q3 OF 2016 TO COMMENCE DRILLING OF THE PRODUCTION HOLES ON THE REMAINING PERMITTED WELLS (PLEASE NOTE THAT OUR 2016 DRILLING PROGRAM IS SUBJECT TO CHANGE DUE TO LOW COMMODITY PRICE ENVIRONMENT). AS-DRILLED COORDINATES, FINAL BOTTOM HOLE LOCATION AND ALL OTHER MISSING INFORMATION WILL BE PROVIDED ON THE FINAL FORM 5.

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: 12/31/2014 Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400761723	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400761717	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	TD/PBTD/Surface Casing setting depth adjusted as per cement job summary 400761723.	9/22/2015 3:42:16 PM
Permit	Passes permitting. Corrected the Date TD, Date Casing Set, & the Date Rig Released per Operator request.	9/22/2015 7:47:06 AM

Total: 2 comment(s)