

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



Document Number:

400873446

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 05-045-22799-00 County: GARFIELD  
 Well Name: WATSON RANCH B Well Number: 32C-17-07-95  
 Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6  
 Footage at surface: Distance: 1069 feet Direction: FSL Distance: 1953 feet Direction: FWL  
 As Drilled Latitude: 39.433396 As Drilled Longitude: -108.023453

## GPS Data:

Date of Measurement: 04/07/2015 PDOP Reading: 1.2 GPS Instrument Operator's Name: P. HOFFMANN\*\* If directional footage at Top of Prod. Zone Dist.: 2211 feet Direction: FNL Dist.: 1996 feet Direction: FELSec: 17 Twp: 7S Rng: 95W\*\* If directional footage at Bottom Hole Dist.: 2211 feet Direction: FNL Dist.: 1996 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) 03/14/2015 Date TD: 04/17/2015 Date Casing Set or D&A: 04/17/2015Rig Release Date: 04/18/2015 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 7356 TVD\*\* 6719 Plug Back Total Depth MD 7294 TVD\*\* 6657Elevations 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	1,847	410	0	1,847	VISU
1ST	7+7/8	4+1/2	11.6	0	7,341	891	1,644	7,341	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	4,053		NO	NO	
CAMEO	6,650		NO	NO	
ROLLINS	7,161		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>			
400874290	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400874291	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>			
400873446	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874282	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874284	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874286	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874287	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874289	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400874293	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting.	9/23/2015 2:25:47 PM

Total: 1 comment(s)