

**FORM
5**Rev
10/14**State of Colorado
Oil and Gas Conservation Commission**

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09/30/2015

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/or 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 Email: JLIND@URSARESOURCES.COM

API Number 05-045-22784-00 County: GARFIELD
 Well Name: YATER Well Number: 12B-17-07-95
 Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1692 feet Direction: FSL Distance: 1130 feet Direction: FWL
 As Drilled Latitude: 39.435092 As Drilled Longitude: -108.026393

GPS Data:

Date of Measurement: 03/04/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist: 1719 feet Direction: FNL Dist: 633 feet Direction: FWL
 Sec: 17 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist: 1719 feet Direction: FNL Dist: 633 feet Direction: FWL
 Sec: 17 Twp: 7S Rng: 95W

Field Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/26/2015 Date TD: 07/05/2015 Date Casing Set or D&A: 07/06/2015Rig Release Date: 08/26/2015 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage ObservationTotal Depth MD 7137 TVD** 6650 Plug Back Total Depth MD 7077 TVD** 6590Elevations GR 5519 KB 5536 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 YATER 12D-17-07-95 (API # 05-045-22761).

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	CALC
SURF	12+1/4	8+5/8	32	0	1,853	397	0	1,870	CALC
1ST	7+7/8	4+1/2	11.6	0	7,123	925	1,852	7,137	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	3,897		NO	NO	
CAMEO	6,395		NO	NO	
ROLLINS	6,906		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: 9/30/2015 Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400908395	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400908396	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"/>
Other Attachments			
400908390	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908392	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908393	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908394	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908397	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908399	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)