

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:
400889844

Date Received:

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 05-045-22779-00 County: GARFIELD

Well Name: YATER Well Number: 12A-17-07-95

Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1717 feet Direction: FSL Distance: 1129 feet Direction: FWL

As Drilled Latitude: 39.435160 As Drilled Longitude: -108.026396

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.: 1375 feet. Direction: FNL Dist.: 651 feet. Direction: FWL
Sec: 17 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1375 feet. Direction: FNL Dist.: 651 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) 06/23/2015 Date TD: 07/11/2015 Date Casing Set or D&A: 07/12/2015

Rig Release Date: 08/26/2015 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7297 TVD** 6624 Plug Back Total Depth MD 7237 TVD** 6564

Elevations 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	VISU
SURF	12+1/4	8+5/8	32	0	1,814	395	0	1,835	VISU
1ST	7+7/8	4+1/2	11.60	0	7,283	970	1,720	7,297	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	3,971		NO	NO	
CAMEO	6,526		NO	NO	
ROLLINS	7,151		NO	NO	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES OF THE SET CONDUCTOR PIPE FOR EACH WELL. AS-DRILLED PLAT ATTACHED FOR YOUR REFERENCE. WASATCH AND OHIO CREEK FORMATIONS ARE NOT PRESENT IN THIS AREA, THEREFORE ARE NOT INCLUDED ON THE FORMATION INFORMATION TAB.

PLEASE NOTE, THE TD DATE LISTED ON THE MUD LOG FOR THIS WELL IS ERRONEOUS. THE CORRECT TD DATE IS 7/11/15, AS LISTED ON THE DRILLING TAB OF THIS FORM.

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400990385	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400908432	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			
400908428	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908429	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908430	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908431	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908433	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400908436	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)