

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10447 4. Contact Name: JENNIFER LIND
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362
 3. Address: 1050 17TH STREET #2400 Fax: _____
 City: DENVER State: CO Zip: 80265 Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22824-00 6. County: GARFIELD
 7. Well Name: YATER Well Number: 42A-18-07-95
 8. Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/05/2015 End Date: 09/18/2015 Date of First Production this formation: 10/21/2015

Perforations Top: 4296 Bottom: 7130 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole:

Frac'd with 151,139 bbls 2% slickwater and no proppant. Frac pair with YATER 41D-18-07-95 (05-045-22828)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 151139 Max pressure during treatment (psi): 7509

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.70

Total acid used in treatment (bbl): _____ Number of staged intervals: 10

Recycled water used in treatment (bbl): 151139 Flowback volume recovered (bbl): 34877

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/08/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 3319 Bbl H2O: 1275

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3319 Bbl H2O: 1275 GOR: 0

Test Method: Flowing Casing PSI: 600 Tubing PSI: 1350 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1048 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5722 Tbg setting date: 09/24/2015 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

AS REQUIRED PER RULE 308A.b., THE RIG RELEASE DATE OF 8/26/15 LISTED ON THE DRILLING TAB OF THE ASSOCIATED FORM 5 IS THE FINAL RIG RELEASE DATE FOR THE WELLS THAT WERE DRILLED SEQUENTIALLY IN THIS OCCUPATION ON THIS PAD. THE WELLBORE DIAGRAM HAS BEEN REVISED TO SHOW THIS DATE RATHER THAN THE WELL-SPECIFIC RIG RELEASE DATE.

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

<u>Att Doc Num</u>	<u>Name</u>
400990865	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)