

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



Table with columns DE, ET, OE, ES

Document Number: 400889873

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

5. API Number 05-045-22825-00
6. County: GARFIELD
7. Well Name: YATER
Well Number: 11B-17-07-95
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: 11/13/2015 End Date: 11/19/2015 Date of First Production this formation: 11/24/2015
Perforations Top: 4527 Bottom: 7575 No. Holes: 540 Hole size: 0.37

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

Frac'd with 152,142 bbls 2% slickwater and no proppant. Frac pair with offset well Yater 42C-18-07-95 (API # 05-045-22826).

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 152142 Max pressure during treatment (psi): 7610
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): 0.74
Total acid used in treatment (bbl): Number of staged intervals: 10
Recycled water used in treatment (bbl): 152142 Flowback volume recovered (bbl): 38626
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/11/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 3262 Bbl H2O: 1523
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3262 Bbl H2O: 1523 GOR: 0
Test Method: Flowing Casing PSI: 575 Tubing PSI: 1250 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1046 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6072 Tbg setting date: 11/24/2015 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>
400990915	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)