

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400889875

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 City: DENVER State: CO Zip: 80265 Fax: Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22827-00 6. County: GARFIELD
7. Well Name: YATER Well Number: 42B-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: 10/20/2015 End Date: 10/24/2015 Date of First Production this formation: 10/30/2015
Perforations Top: 4793 Bottom: 7034 No. Holes: 432 Hole size: 0.37

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

Frac'd with 120,913 bbls 2% slickwater and no proppant.

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

Total fluid used in treatment (bbl): 120913 Max pressure during treatment (psi): 7691
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): 0.72
Total acid used in treatment (bbl): Number of staged intervals: 8
Recycled water used in treatment (bbl): 120913 Flowback volume recovered (bbl): 20715
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: 11/09/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1475 Bbl H2O: 1915
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1475 Bbl H2O: 1915 GOR: 0
Test Method: Flowing Casing PSI: 1025 Tubing PSI: 2000 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1052 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5921 Tbg setting date: 10/30/2015 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

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Attachment Check List

Att Doc Num

Name

400990963

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)