

FORM
5ARev
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



DE ET OE ES

Document Number:

401083609

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: _____
City: _____ State: CO Zip: _____
4. Contact Name: JENNIFER LIND
Phone: (720) 508-8362
Fax: _____
Email: JLIND@URSARESOURCE.COM

5. API Number 05-045-22960-00
6. County: GARFIELD
7. Well Name: MONUMENT RIDGE B
Well Number: 43A-08-07-95
8. Location: QtrQtr: SESE Section: 8 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: 06/05/2016 End Date: 06/21/2016 Date of First Production this formation: 06/28/2016
Perforations Top: 4197 Bottom: 7114 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 151,150 bbls 2% slickwater and no proppant. Frac grouping with Monument Ridge B 32D-08-07-95 (API 05-045-22902) and Monument Rdige B 42D-08-07-95 (API 05-045-22913).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 151150

Max pressure during treatment (psi): 7194

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.69

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): 151150

Flowback volume recovered (bbl): 17021

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: 07/05/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2297 Bbl H2O: 2343
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2297 Bbl H2O: 2343 GOR: 0
Test Method: Flowing Casing PSI: 850 Tubing PSI: 1250 Choke Size: 48
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1055 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5656 Tbg setting date: 06/27/2016 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:

Wellbore diagram attached.

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

401083636

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)