

Document Number:  
401092061

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 #1700 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80265 Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22912-00 6. County: GARFIELD  
 7. Well Name: MONUMENT RIDGE B Well Number: 34A-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: 06/23/2016 End Date: 07/06/2016 Date of First Production this formation: 07/10/2016  
 Perforations Top: 4917 Bottom: 7227 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Frac'd with 121,392 bbls 2% slickwater and no proppant. Frac grouping with Monument Ridge B 44B-08-07-95 (API 05-045-22916) and Monument Ridge B 24B-08-07-95 (API 05-045-22910).

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 121392 Max pressure during treatment (psi): 7832  
 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): 0.65  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 8  
 Recycled water used in treatment (bbl): 121392 Flowback volume recovered (bbl): 42948  
 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: 07/27/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 3535 Bbl H2O: 1478  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3535 Bbl H2O: 1478 GOR: 0  
 Test Method: Flowing Casing PSI: 650 Tubing PSI: 1600 Choke Size: 64/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1045 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6075 Tbg setting date: 07/10/2016 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:

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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

<u>Att Doc Num</u>	<u>Name</u>
401092089	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)