


<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 401115650  Date Received:				
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: <u>10447</u> 2. Name of Operator: <u>URSA OPERATING COMPANY LLC</u> 3. Address: <u>1050 17TH STREET #1700</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u>	4. Contact Name: <u>JENNIFER LIND</u> Phone: <u>(720) 508-8362</u> Fax: _____ Email: <u>JLIND@URSARESOURCE.COM</u>
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5. API Number <u>05-045-22895-00</u> 7. Well Name: <u>MONUMENT RIDGE B</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>7S</u> 9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	6. County: <u>GARFIELD</u> Well Number: <u>24A-08-07-95</u> Range: <u>95W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>07/29/2016</u>	End Date: <u>08/15/2016</u>	Date of First Production this formation: <u>08/18/2016</u>
Perforations Top: <u>4791</u>	Bottom: <u>7825</u>	No. Holes: <u>540</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment: _____		
Open Hole: <input type="checkbox"/>		
Frac'd with 151.142 bbls 2% slickwater and no proppant. Frac pair with Monument Ridge B 44A-08-07-95 (API 05-045-22961) and Monument Ridge B 33D-08-07-95 (API 05-045-22905).		

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>151141</u>	Max pressure during treatment (psi): <u>7861</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.40</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.70</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>10</u>
Recycled water used in treatment (bbl): <u>151141</u>	Flowback volume recovered (bbl): <u>51112</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>09/19/2016</u>	Hours: <u>24</u>	Bbl oil: <u>2</u>	Mcf Gas: <u>4771</u>	Bbl H2O: <u>1057</u>
Calculated 24 hour rate:	Bbl oil: <u>2</u>	Mcf Gas: <u>4771</u>	Bbl H2O: <u>1057</u>	GOR: <u>23855</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>725</u>	Tubing PSI: <u>1300</u>	Choke Size: <u>64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1045</u>	API Gravity Oil: <u>50</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6309</u>	Tbg setting date: <u>08/18/2016</u>	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>
401115675	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)