

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



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Document Number:

401137838

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 05-045-22474-00 6. County: GARFIELD  
 7. Well Name: TOMPKINS Well Number: 42C-08-07-95  
 8. Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 09/15/2016 End Date: 09/24/2016 Date of First Production this formation: 09/29/2016Perforations Top: 4348 Bottom: 7285 No. Holes: 540 Hole size: 0.37Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Frac'd with 181,145 bbls 2% KCL slickwater and no proppant. Frac pair with Tompkins 32C-08-07-95 (API 05-045-22472).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 181145Max pressure during treatment (psi): 7730

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): 0.69

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 10Recycled water used in treatment (bbl): 181145Flowback volume recovered (bbl): 59127

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: 10/20/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2923 Bbl H2O: 1544Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2923 Bbl H2O: 1544 GOR: 0Test Method: Flowing Casing PSI: 550 Tubing PSI: 1400 Choke Size: 64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1013 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 5832 Tbg setting date: 09/28/2016 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

**Att Doc Num**

**Name**

401140873

WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)