

FORM 5A

Rev 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: 401137839

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 05-045-22472-00 6. County: GARFIELD
 7. Well Name: TOMPKINS Well Number: 32C-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 STIMULATION

Treatment Date: 09/15/2016 End Date: 09/23/2016 Date of First Production this formation: 09/29/2016

Perforations Top: 5225 Bottom: 7456 No. Holes: 432 Hole size: 0.37

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

Frac'd 144,916 bbls of 2% KCL slickwater and no proppant. Frac pair with Tompkins 42C-08-07-95 (API 05045-22474).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 144916 Max pressure during treatment (psi): 7831
 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: 8
 Recycled water used in treatment (bbl): 144916 Flowback volume recovered (bbl): 108496
 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: 10/18/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 3295 Bbl H2O: 901
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3295 Bbl H2O: 901 GOR: 0
 Test Method: Flowing Casing PSI: 550 Tubing PSI: 1250 Choke Size: 64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1008 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6354 Tbg setting date: 09/30/2016 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>
401142483	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)