

FORM  
5Rev  
09/14

## 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:

401137834

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10447

Contact Name: JENNIFER LIND

Name of Operator: URSA OPERATING COMPANY LLC

Phone: (720) 508-8362

Address: 1050 17TH STREET #1700

Fax:

City: DENVER

State: CO

Zip: 80265

API Number 05-045-22474-00

County: GARFIELD

Well Name: TOMPKINS

Well Number: 42C-08-07-95

Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 200 feet Direction: FSL Distance: 535 feet Direction: FEL

As Drilled Latitude: 39.459959 As Drilled Longitude: -108.013783

## GPS Data:

Date of Measurement: 04/22/2014

PDOP Reading: 1.5

GPS Instrument Operator's Name: HOFFMANN

\*\* If directional footage at Top of Prod. Zone Dist.: 1792 feet. Direction: FNL Dist.: 623 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2025 feet. Direction: FNL Dist.: 640 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 95W

Field Name: PARACHUTE

Field Number: 67350

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/12/2016 Date TD: 08/16/2016 Date Casing Set or D&amp;A: 08/17/2016

Rig Release Date: 09/04/2016 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7450 TVD\*\* 6817 Plug Back Total Depth MD 7388 TVD\*\* 6755

Elevations GR 5531 KB 5549

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CBL/MUD/PULSED NEUTRON/No OH logs/Triple Combo in API 045-22480.

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	75	0	77	60	0	77	CALC
SURF	12+1/4	8+5/8	32	0	1,854	406	0	1,854	CALC
1ST	7+7/8	4+1/2	11.6	0	7,432	812	2,140	7,450	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	2,500		NO	NO	
WILLIAMS FORK	3,959		NO	NO	
OHIO CREEK	4,109		NO	NO	
CAMEO	6,766		NO	NO	
ROLLINS	7,471		NO	NO	

Comment:

PLEASE NOTE, THE WASATCH FORMATION FALLS BEHIND SURFACE CASING WHICH IS AN UNLOGGED PORTION OF THE WELLBORE. WASATCH FORMATION TOP IS ESTIMATED.

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

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401140837	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401140839	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
401140635	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401140805	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401140816	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401140820	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401140840	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)