

FORM
5
Rev
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



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| DE | ET | OE | ES |
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Document Number:
401137836

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 05-045-22472-00 County: GARFIELD
 Well Name: TOMPKINS Well Number: 32C-08-07-95
 Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 200 feet Direction: FSL Distance: 572 feet Direction: FEL
 As Drilled Latitude: 39.469962 As Drilled Longitude: -108.013916

GPS Data:
 Date of Measurement: 09/07/2016 PDOP Reading: 1.5 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FNL Dist.: 1920 feet. Direction: FEL
 Sec: 8 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 2051 feet. Direction: FNL Dist.: 1995 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) 08/08/2016 Date TD: 08/26/2016 Date Casing Set or D&A: 08/27/2016
 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 7640 TVD** 6799 Plug Back Total Depth MD 7577 TVD** 6736

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 | 22 | 16 | 75 | 0 | 77 | 60 | 0 | 77 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32 | 0 | 1,853 | 410 | 0 | 1,870 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,621 | 842 | 1,810 | 7,640 | 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 | 2,647 | | NO | NO | |
| WILLIAMS FORK | 4,106 | | NO | NO | |
| OHIO CREEK | 4,256 | | NO | NO | |
| CAMEO | 6,974 | | NO | NO | |
| ROLLINS | 7,460 | | NO | NO | |

Comment:

PLEASE NOTE, THE LOCATION (SECTION, TOWNSHIP RANGE) LISTED ON ALL LOGS IS INCORRECT BY ERROR OF THE LOGGING COMPANY(S). THE LOCATION FOR THIS WELL IS CORRECT AS SUBMITTED IN THE WELL INFORMATION SECTION OF THIS FORM 5 AND ALL OTHER ATTACHMENTS.

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 ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 401142362 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 401142361 | 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"/> |
| Other Attachments | | | |
| 401142340 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401142341 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401142342 | LAS-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401142346 | PDF-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401142363 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 401142373 | WELL LOCATION PLAT | 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)