

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.

Document Number:
401141184

Date Received:

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 05-045-22821-00 County: GARFIELD

Well Name: TOMPKINS Well Number: 21B-08-07-95

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

Footage at surface: Distance: 223 feet Direction: FSL Distance: 671 feet Direction: FEL

As Drilled Latitude: 39.460030 As Drilled Longitude: -108.014267

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.: 575 feet. Direction: FNL Dist.: 2030 feet. Direction: FWL
Sec: 8 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 575 feet. Direction: FNL Dist.: 2030 feet. Direction: FWL
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) 07/14/2016 Date TD: 07/23/2016 Date Casing Set or D&A: 07/24/2016

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 7645 TVD** 6802 Plug Back Total Depth MD 7584 TVD** 6741

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	1,855	409	0	1,875	CALC
1ST	7+7/8	4+1/2	11.6	0	7,628	867	1,830	7,645	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	2,721		NO	NO	
WILLIAMS FORK	4,180		NO	NO	
OHIO CREEK	4,330		NO	NO	
CAMEO	7,021		NO	NO	
ROLLINS	7,502		NO	NO	

Comment:

TOP OF PRODUCTION ZONE FOOTAGES ARE ESTIMATED AS THIS WELL HAS NOT YET BEEN COMPLETED. COMPLETION OPERATIONS ARE CURENRTLY ONGOING ON THIS PAD LOCATION. ACTUAL TPZ FOOTAGES WILL BE PROVIDED AT THE TIME OF THE FORM 5A SUBMITTAL.

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 ?	
Attachment Checklist			
401144192	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401144191	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			
401144182	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144184	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144187	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144189	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144190	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144193	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)