

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:
401141182

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) 580-8362

Address: 1050 17TH STREET #1700 Fax: _____

City: DENVER State: CO Zip: 80265

API Number 05-045-22479-00 County: GARFIELD

Well Name: TOMPKINS Well Number: 31C-08-07-95

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

Footage at surface: Distance: 223 feet Direction: FSL Distance: 621 feet Direction: FEL

As Drilled Latitude: 39.460027 As Drilled Longitude: -108.014090

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.: 784 feet. Direction: FNL Dist.: 1936 feet. Direction: FEL
Sec: 8 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 813 feet. Direction: FNL Dist.: 1975 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) 06/07/2016 Date TD: 07/07/2016 Date Casing Set or D&A: 07/08/2016

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 7215 TVD** 6844 Plug Back Total Depth MD 7156 TVD** 6785

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	1,784	395	0	1,815	CALC
1ST	7+7/8	4+1/2	11.6	0	7,194	934	2,324	7,215	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	2,277		NO	NO	
WILLIAMS FORK	3,736		NO	NO	
OHIO CREEK	3,886		NO	NO	
CAMEO	6,539		NO	NO	
ROLLINS	7,066		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 ?	
Attachment Checklist			
401144096	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401144095	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			
401144083	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144086	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144089	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144091	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144098	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144100	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)