

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401141175

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 05-045-22480-00 County: GARFIELD
 Well Name: TOMPKINS Well Number: 41A-08-07-95
 Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 223 feet Direction: FSL Distance: 596 feet Direction: FEL
 As Drilled Latitude: 39.460025 As Drilled Longitude: -108.014002

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.: 130 feet. Direction: FNL Dist.: 658 feet. Direction: FEL
 Sec: 8 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 130 feet. Direction: FNL Dist.: 658 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) 06/12/2016 Date TD: 07/01/2016 Date Casing Set or D&A: 07/02/2016
 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 6900 TVD** 6885 Plug Back Total Depth MD 6841 TVD** 6826

Elevations GR 5531 KB 5549 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/Triple Combo

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	1,731	380	0	1,757	CALC
1ST	7+7/8	4+1/2	11.6	0	6,882	882	1,700	6,900	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	2,031		NO	NO	
WILLIAMS FORK	3,490		NO	NO	
OHIO CREEK	3,640		NO	NO	
CAMEO	6,212		NO	NO	
ROLLINS	6,730		NO	NO	

Comment:

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

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.

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			
401143988	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401143987	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			
401143969	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143975	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143978	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143980	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143984	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143985	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143986	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143989	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)