

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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Document Number:
401141171

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 05-045-22481-00 County: GARFIELD
 Well Name: TOMPKINS Well Number: 41C-08-07-95
 Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 223 feet Direction: FSL Distance: 571 feet Direction: FEL
 As Drilled Latitude: 39.460023 As Drilled Longitude: -108.013914

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.: 521 feet. Direction: FNL Dist.: 628 feet. Direction: FEL
 Sec: 8 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 698 feet. Direction: FNL Dist.: 642 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) 06/15/2016 Date TD: 06/24/2016 Date Casing Set or D&A: 06/25/2016
 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 6942 TVD** 6826 Plug Back Total Depth MD 6891 TVD** 6775
 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	1,716	382	0	1,730	CALC
1ST	7+7/8	4+1/2	11.6	0	6,934	786	3,252	6,942	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	2,102		NO	NO	
WILLIAMS FORK	3,561		NO	NO	
OHIO CREEK	3,711		NO	NO	
CAMEO	6,287		NO	NO	
ROLLINS	6,810		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.

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			
401143922	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401143921	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			
401143895	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143896	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143907	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143912	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143923	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401143925	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)