

FORM
5ARev
06/12

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:

401142491

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10447 4. Contact Name: JENNIFER LIND
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362
 3. Address: 1050 17TH STREET #1700 Fax: _____
 City: DENVER State: CO Zip: 80265 Email: JLIND@URSARESOURCE.COM

5. API Number 05-045-22476-00 6. County: GARFIELD
 7. Well Name: TOMPKINS Well Number: 41D-08-07-95
 8. Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 10/17/2016 End Date: 11/02/2016 Date of First Production this formation: 11/05/2016
 Perforations Top: 3937 Bottom: 6900 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 182,103 bbls of 2% KCL slickwater and no proppant. Frac Pair with Tompkins 31D-08-07-95 (API 05-045-22483) and Tompkins 21C-08-07-95 (API 05-045-22822).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 182103Max pressure during treatment (psi): 7771

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.70

Total acid used in treatment (bbl): _____

Number of staged intervals: 10Recycled water used in treatment (bbl): 182103Flowback volume recovered (bbl): 57267

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/08/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 1846 Bbl H2O: 1043
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1846 Bbl H2O: 1043 GOR: _____
 Test Method: Flowing Casing PSI: 450 Tubing PSI: 1150 Choke Size: 64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 996 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5426 Tbg setting date: 11/06/2016 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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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 **Name**

401164132	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)