

FORM 5A

Rev 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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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@URSARESOURCES.COM

5. API Number 05-045-22481-00 6. County: GARFIELD
 7. Well Name: TOMPKINS Well Number: 41C-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: 11/04/2016 End Date: 11/22/2016 Date of First Production this formation: 11/29/2016
 Perforations Top: 3842 Bottom: 6805 No. Holes: 720 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole:

Frac'd with 181,146 bbls 2% KCL slickwater and no proppant. Frac pair with Tompkins 31C-08-07-95 (05-045-22479) and Tompkins 21B-08-07-95 (API 05-045-22821).

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 181146 Max pressure during treatment (psi): 7775
 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): 0.72
 Total acid used in treatment (bbl): _____ Number of staged intervals: 10
 Recycled water used in treatment (bbl): 181146 Flowback volume recovered (bbl): 50567
 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: 12/23/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2109 Bbl H2O: 1324
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2109 Bbl H2O: 1324 GOR: 0
 Test Method: Flowing Casing PSI: 450 Tubing PSI: 1200 Choke Size: 64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1019 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5322 Tbg setting date: 11/29/2016 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:

TPZ footages provided on the related Form 5 are actual TPZ footages. Wellbore diagram attached.

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

<u>Att Doc Num</u>	<u>Name</u>
401174782	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)