

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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Document Number:

401142504

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

5. API Number 05-045-22821-00
6. County: GARFIELD
7. Well Name: TOMPKINS
Well Number: 21B-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: 11/05/2016 End Date: 11/22/2016 Date of First Production this formation: 11/26/2016
Perforations Top: 4468 Bottom: 7423 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 181,144 bbls of 2% KCL slickwater and no proppant. Frac pair with Tompkins 41C-08-07-95 (API 05-045-22481) and Tompkins 31C-08-07-95 (API 05-045-22479).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 181144

Max pressure during treatment (psi): 7492

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: 10

Recycled water used in treatment (bbl): 181144

Flowback volume recovered (bbl): 78462

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: 12/12/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2711 Bbl H2O: 1308
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2711 Bbl H2O: 1308 GOR: 0
Test Method: Flowing Casing PSI: 550 Tubing PSI: 1300 Choke Size: 64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1052 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5936 Tbg setting date: 11/25/2016 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:

Wellbore Diagram attached. TPZ footages provided with the related Form 5 were estimated as this well had not yet been perforated at the time the Form 5 was submitted. Actual TPZ footages are as follows:

397' FNL, 2602' FWL, Sec.8-T7S-R95W

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

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Attachment Check List

Att Doc Num

Name

401174821

WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)