

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: 401142511

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 05-045-22484-00 6. County: GARFIELD
 7. Well Name: TOMPKINS Well Number: 31B-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: 11/23/2016 End Date: 12/12/2016 Date of First Production this formation: 12/19/2016
 Perforations Top: 4849 Bottom: 6961 No. Holes: 432 Hole size: 0.37

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

Frac'd with 121,686 bbls 2% KCL slickwater and no proppant. Frac pair with Tompkins 21A-08-07-95 (API 05-045-22823) and Tompkins 41B-08-07-95 (API 05-045-22482)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 121686 Max pressure during treatment (psi): 7750
 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: 8
 Recycled water used in treatment (bbl): 121696 Flowback volume recovered (bbl): 31182
 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: 12/27/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 2985 Bbl H2O: 1537
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2985 Bbl H2O: 1537 GOR: 0
 Test Method: Flowing Casing PSI: 575 Tubing PSI: 1450 Choke Size: 64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1025 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5920 Tbg setting date: 12/19/2016 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:

PLEASE NOTE, THE TPZ FOOTAGES PROVIDED ON THE ASSOCIATED FORM 5 WERE PRELIMINARY AS THIS WELL HAD NOT YET BEEN COMPLETED AT THE TIME OF THE FORM 5 SUBMITTAL. ACTUAL TPZ FOOTAGES ARE AS FOLLOWS:
454' FNL, SEC.8-T7S-R95W / 1943' FEL, SEC.5-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

401195101

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)