

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:
401195138

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 05-045-22898-00 County: GARFIELD
 Well Name: MONUMENT RIDGE B Well Number: 31A-17-07-95
 Location: QtrQtr: SESE Section: 8 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 920 feet Direction: FSL Distance: 144 feet Direction: FEL
 As Drilled Latitude: 39.447531 As Drilled Longitude: -108.012276

GPS Data:
 Date of Measurement: 11/12/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 248 feet. Direction: FNL Dist.: 1982 feet. Direction: FEL
 Sec: 17 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 248 feet. Direction: FNL Dist.: 1982 feet. Direction: FEL
 Sec: 17 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) 09/15/2016 Date TD: 10/10/2016 Date Casing Set or D&A: 10/11/2016
 Rig Release Date: 11/24/2016 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7518 TVD** 6922 Plug Back Total Depth MD 7461 TVD** 6865

Elevations GR 5702 KB 5719 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/No OH logs/Triple combination run on the MONUMENT RIDGE B 43B-08-07-95(045-22915).

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	55	0	77	70	0	77	VISU
SURF	12+1/4	8+5/8	32	0	1,850	404	0	1,865	VISU
1ST	7+7/8	4+1/2	11.6	0	7,505	783	2,472	7,518	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	
OHIO CREEK	4,223		NO	NO	
WILLIAMS FORK	4,302		NO	NO	
CAMEO	6,814		NO	NO	
ROLLINS	7,339		NO	NO	

Comment:

LAT/LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS DRILLED COORDINATES WERE TAKEN AT THE TIME THE CONDUCTOR PIPE WAS SET.

THE FORT UNION FORMATION WAS NOT PRESENT IN THESE WELLS AND IS THEREFORE NOT LISTED ON THE FORMATION INFORMATION TAB.

TPZ FOOTAGES ARE ESTIMATED AS THIS WELL HAS NOT YET BEEN COMPLETED. ACTUAL TPZ FOOTAGES WILL BE PROVIDED AT THE TIME THE FORM 5A IS SUBMITTED.

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 MANAGER

Date: _____

Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401199937	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401199936	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			
401199927	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199928	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199929	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199930	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199934	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199935	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401199938	DIRECTIONAL DATA	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)