

**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.

Document Number:  
401195154

Date Received:

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 05-045-22964-00 County: GARFIELD

Well Name: MONUMENT RIDGE B Well Number: 44C-08-07-95

Location: QtrQtr: SESE Section: 8 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1000 feet Direction: FSL Distance: 144 feet Direction: FEL

As Drilled Latitude: 39.447750 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.: 652 feet. Direction: FSL Dist.: 575 feet. Direction: FEL  
Sec: 8 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 584 feet. Direction: FSL Dist.: 663 feet. Direction: FEL  
Sec: 8 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) 10/21/2016 Date TD: 10/28/2016 Date Casing Set or D&A: 10/29/2016

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 6975 TVD\*\* 6915 Plug Back Total Depth MD 6915 TVD\*\* 6855

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	1,710	366	0	1,725	VISU
1ST	7+7/8	4+1/1	11.6	0	6,959	751	1,750	6,975	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	3,783		NO	NO	
WILLIAMS FORK	3,887		NO	NO	
CAMEO	6,298		NO	NO	
ROLLINS	6,796		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 ACTUAL AS THIS WELL HAS BEEN COMPLETED AT THE TIME OF THIS FORM 5

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 ?	
<b>Attachment Checklist</b>			
401206379	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401206375	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"/>
<b>Other Attachments</b>			
401206347	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206367	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206370	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206372	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206374	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206380	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401206381	WELL LOCATION PLAT	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)