

FORM
5Rev
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



DE ET OE ES

Document Number:

401195155

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 05-045-22917-00

County: GARFIELD

Well Name: MONUMENT RIDGE B

Well Number: 44D-08-07-95

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

Footage at surface: Distance: 970 feet Direction: FSL Distance: 144 feet Direction: FEL

As Drilled Latitude: 39.447668 As Drilled Longitude: -108.012275

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.: 235 feet. Direction: FSL Dist.: 666 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 235 feet. Direction: FSL Dist.: 666 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) 10/17/2016 Date TD: 11/08/2016 Date Casing Set or D&A: 11/09/2016

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 6977 TVD** 6880 Plug Back Total Depth MD 6925 TVD** 6828

Elevations GR 5702 KB 5719

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/MUD/PULSED NEUTRON/Triple Combo in 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	1,750	383	0	1,765	VISU
1ST	7+7/8	4+1/2	11.6	0	6,996	746	2,735	6,977	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	3,804		NO	NO	
WILLIAMS FORK	3,904		NO	NO	
CAMEO	6,313		NO	NO	
ROLLINS	6,821		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 ?
<u>Attachment Checklist</u>		
401206448	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401206437	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"/>
<u>Other Attachments</u>		
401206418	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401206429	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401206430	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401206433	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401206434	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401206436	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401230640	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)