

FORM  
5ARev  
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:

401195199

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 05-045-22917-00 6. County: GARFIELD  
 7. Well Name: MONUMENT RIDGE B Well Number: 44D-08-07-95  
 8. Location: QtrQtr: SESE Section: 8 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 01/23/2017 End Date: 02/09/2017 Date of First Production this formation: 02/20/2017Perforations Top: 4299 Bottom: 6802 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 120,918 bbls 2% KCL slickwater and no proppant. Frac grouping with Monument Ridge B 34C-08-07-95 (API 05-045-22911) and Monument Ridge B 24D-08-07-95 (API 05-045-22908).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 120918Max pressure during treatment (psi): 7509

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: 8Recycled water used in treatment (bbl): 120918Flowback volume recovered (bbl): 40172

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: 03/09/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 2233 Bbl H2O: 1214Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2233 Bbl H2O: 1214 GOR: 0Test Method: Flowing Casing PSI: 450 Tubing PSI: 1200 Choke Size: 64/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1053 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 5575 Tbg setting date: 02/17/2017 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. PLEASE NOTE, THE TPZ FOOTAGES INCLUDED WITH THE ASSOCIATED FORM 5 SUBMITTAL WERE PLANNED FOOTAGES AS THE WELL HAD NOT YET BEEN COMPLETED. AS-DRILLED TPZ FOOTAGES ARE AS FOLLOWS:  
303' FSL, 620' FEL, SECTION 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 \_\_\_\_\_

### **Attachment Check List**

**Att Doc Num**      **Name**

401239001	WELLBORE DIAGRAM
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Total Attach: 1 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)