

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:

401195169

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@URSARESOURCE.COM

5. API Number 05-045-22908-00 6. County: GARFIELD
 7. Well Name: MONUMENT RIDGE B Well Number: 24D-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 STIMULATION
 Treatment Date: 01/23/2017 End Date: 02/10/2017 Date of First Production this formation: 02/20/2017
 Perforations Top: 5499 Bottom: 7899 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 120,917 bbls 2% KCL slickwater and no proppant. Frac grouping with Monument Ridge B 44D-08-07-95 (API 05-045-22917) and Monument Ridge B 34C-08-07-95 (API 05-045-22911).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 120917Max pressure during treatment (psi): 7198

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): 120917Flowback volume recovered (bbl): 38591

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: 2574 Bbl H2O: 1076
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2574 Bbl H2O: 1076 GOR: 0
 Test Method: Flowing Casing PSI: 450 Tubing PSI: 1275 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6702 Tbg setting date: 02/19/2017 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:
218' FSL, 2190' FWL, 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
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Attachment Check List

Att Doc Num **Name**

401239028	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)