

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:
401141185

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 05-045-22822-00 County: GARFIELD
 Well Name: TOMPKINS Well Number: 21C-08-07-95
 Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 223 feet Direction: FSL Distance: 658 feet Direction: FEL
 As Drilled Latitude: 39.460029 As Drilled Longitude: -108.014223

GPS Data:
 Date of Measurement: 04/22/2014 PDOP Reading: 1.5 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FNL Dist.: 2606 feet. Direction: FWL
 Sec: 8 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 904 feet. Direction: FNL Dist.: 2042 feet. Direction: FWL
 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) 07/12/2016 Date TD: 07/26/2016 Date Casing Set or D&A: 07/27/2016
 Rig Release Date: 09/04/2016 Per Rule 308A.b.

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

Total Depth MD 7690 TVD** 6738 Plug Back Total Depth MD 7631 TVD** 6679
 Elevations GR 5531 KB 5549 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/No OH logs/Triple Combo in API 045-22480.

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	75	0	77	60	0	77	CALC
SURF	12+1/4	8+5/8	32	0	1,855	409	0	1,875	CALC
1ST	7+7/8	4+1/2	11.6	0	7,673	876	2,804	7,690	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	
WASATCH	2,749		NO	NO	
OHIO CREEK	4,208		NO	NO	
WILLIAMS FORK	4,358		NO	NO	
CAMEO	7,061		NO	NO	
ROLLINS	7,535		NO	NO	

Comment:

PLEASE NOTE, THE WASATCH FORMATION FALLS BEHIND SURFACE CASING WHICH IS AN UNLOGGED PORTION OF THE WELLBORE. WASATCH FORMATION TOP IS ESTIMATED.

TD DATE AS LISTED ON THE ATTACHED MUD LOG IS INCORRECT. CORRECT TD DATE IS LISTED ON THE DRILLING TAB OF THIS FORM 5.

IT APPEARS THAT THE DIRECTIONAL PLANS FOR THE TOMPKINS 21A-08-07-95 AND THE TOMPKINS 21C-08-07-95 WERE SWAPPED ERRONEOUSLY AT THE TIME THESE WELLS WERE PERMITTED. URSA CONFIRMS THAT THE DIRECTIONAL SURVEY AND AS-DRILLED DIRECTIONAL DATA AS SUBMITTED WITH THIS FORM 5 ARE CORRECT.

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: REGUALTORY ANALYST

Date: _____

Email: JLIND@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401144320	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401245016	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			
401144312	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144315	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144316	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144317	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401144318	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401224396	LAS-CEMENT BOND	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)