

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:

401195180

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 05-045-22897-00 6. County: GARFIELD
 7. Well Name: MONUMENT RIDGE B Well Number: 31C-17-07-95
 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: 03/20/2017 End Date: 04/01/2017 Date of First Production this formation: 04/07/2017Perforations Top: 5309 Bottom: 7571 No. Holes: 432 Hole size: 0.37Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 120,913 bbls 2% KCL slickwater and no proppant. Frac pair with Monument Rodge B 31B-17-07-95 (API #05-045-22900-00).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 120913 Max pressure during treatment (psi): 7436Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.71Total acid used in treatment (bbl): _____ Number of staged intervals: 8Recycled water used in treatment (bbl): 120913 Flowback volume recovered (bbl): 21681Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLETotal 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: 05/01/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 979 Bbl H2O: 689Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 979 Bbl H2O: 689 GOR: 0Test Method: Flowing Casing PSI: 375 Tubing PSI: 1000 Choke Size: 64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1037 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6443 Tbg setting date: 04/05/2017 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:

963' FNL, 1949' FEL, SECTION 17-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**

| | |
|-----------|------------------|
| 401269628 | WELLBORE DIAGRAM |
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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| | | Stamp Upon Approval |
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Total: 0 comment(s)