

FORM 5A

Rev 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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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 05-045-22897-00 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 STIMULATION

Treatment Date: 03/20/2017 End Date: 04/01/2017 Date of First Production this formation: 04/07/2017

Perforations Top: 5309 Bottom: 7571 No. Holes: 432 Hole size: 0.37

Provide 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  No

Total fluid used in treatment (bbl): 120913 Max pressure during treatment (psi): 7436  
 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): 0.71  
 Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 8  
 Recycled water used in treatment (bbl): 120913 Flowback volume recovered (bbl): 21681  
 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: 05/01/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 979 Bbl H2O: 689  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 979 Bbl H2O: 689 GOR: 0  
 Test Method: Flowing Casing PSI: 375 Tubing PSI: 1000 Choke Size: 64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1037 API Gravity Oil: 0  
 Tubing 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

<u>Att Doc Num</u>	<u>Name</u>
401269628	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)