

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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Document Number:

401195183

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  
2. Name of Operator: URSA OPERATING COMPANY LLC  
3. Address: 1050 17TH STREET #1700  
City: DENVER State: CO Zip: 80265  
4. Contact Name: JENNIFER LIND  
Phone: (720) 508-8362  
Fax:  
Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22899-00  
6. County: GARFIELD  
7. Well Name: MONUMENT RIDGE B  
Well Number: 31D-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: 04/03/2017 End Date: 04/19/2017 Date of First Production this formation: 04/21/2017

Perforations Top: 5340 Bottom: 7545 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 120,930 bbls 2% KCL slickwater and no proppant. Frac pair with Monument Ridge B 32A-17-07-95 (API #05-045-22904-00).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 120930 Max pressure during treatment (psi): 7550

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): 0.69

Total acid used in treatment (bbl): Number of staged intervals: 8

Recycled water used in treatment (bbl): 120930 Flowback volume recovered (bbl): 21818

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: 05/12/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 1029 Bbl H2O: 591

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1029 Bbl H2O: 591 GOR: 0

Test Method: Flowing Casing PSI: 300 Tubing PSI: 950 Choke Size: 64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1030 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6445 Tbg setting date: 04/21/2017 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:

1201' FNL, 1870' 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**

401273036	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)