

FORM
5
Rev
09/14

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:
401253845

Date Received:

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.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10447 Contact Name: CARI MASCIOLI
 Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 284-3244
 Address: 792 BUCKHORN DR Fax: _____
 City: RIFLE State: CO Zip: 81650

API Number 05-045-22723-00 County: GARFIELD
 Well Name: B&V Well Number: 23D-07-07-95
 Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1936 feet Direction: FSL Distance: 558 feet Direction: FWL
 As Drilled Latitude: 39.450320 As Drilled Longitude: -108.047088

GPS Data:
 Date of Measurement: 02/17/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 1393 feet. Direction: FSL Dist.: 1898 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1393 feet. Direction: FSL Dist.: 1898 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 95W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/16/2017 Date TD: 03/06/2017 Date Casing Set or D&A: 03/07/2017
 Rig Release Date: 03/20/2017 Per Rule 308A.b.

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

Total Depth MD 6601 TVD** 6265 Plug Back Total Depth MD 6545 TVD** 6209

Elevations GR 5084 KB 5101 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/Triple Combo in API 045-22718

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	16	16	75	0	77	70	0	77	VISU
SURF	12+1/4	8+5/8	32	0	1,785	391	0	1,800	VISU
1ST	7+7/8	4+1/2	11.6	0	6,590	667	1,750	6,601	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	
OHIO CREEK	3,332		NO	NO	
WILLIAMS FORK	3,332		NO	NO	
CAMEO	5,995		NO	NO	
ROLLINS	6,400		NO	NO	

Comment:

LAT/LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS DRILLED COORDINATES WERE TAKEN AT THE TIME THE CONDUCTOR PIPE WAS SET.

TOP OF PRODUCTION ZONE FOOTAGES ARE ESTIMATED AS THIS WELL HAS NOT YET BEEN COMPLETED. ACTUAL TPZ FOOTAGES WILL BE PROVIDED AT THE TIME OF THE FORM 5A SUBMITTAL.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: CARI MASIOLI

Title: REGULATORY TECH

Date: _____

Email: CMASCIOLI@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401283642	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401283641	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			
401283627	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283630	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283631	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283633	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283637	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283639	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283645	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401283647	DIRECTIONAL DATA	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)