

DRILLING COMPLETION REPORT

Document Number:
401253812

Date Received:

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 05-045-22719-00 County: GARFIELD
 Well Name: B&V Well Number: 13B-07-07-95
 Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1926 feet Direction: FSL Distance: 582 feet Direction: FWL
 As Drilled Latitude: 39.450292 As Drilled Longitude: -108.047004

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.: 2248 feet. Direction: FSL Dist.: 599 feet. Direction: FWL
 Sec: 7 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 2248 feet. Direction: FSL Dist.: 599 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) 01/14/2017 Date TD: 01/16/2017 Date Casing Set or D&A: 01/17/2017
 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 6290 TVD** 6276 Plug Back Total Depth MD 6232 TVD** 6218
 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	1,711	393	0	1,725	VISU
1ST	7+7/8	4+1/2	11.6	0	6,276	638	1,604	6,290	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	2,979		NO	NO	
WILLIAMS FORK	2,979		NO	NO	
CAMEO	5,707		NO	NO	
ROLLINS	6,090		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			
401281760	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401281759	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			
401281761	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401281762	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285672	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285675	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285679	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285681	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285682	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401285685	LAS-MUD	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)