

FORM
5Rev
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:

401253836

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 05-045-22706-00

County: GARFIELD

Well Name: B&V

Well Number: 14B-07-07-95

Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1897 feet Direction: FSL Distance: 508 feet Direction: FWL

As Drilled Latitude: 39.450211 As Drilled Longitude: -108.047262

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.: 961 feet. Direction: FSL Dist.: 596 feet. Direction: FWL

Sec: 7 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 912 feet. Direction: FSL Dist.: 594 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) 02/21/2017 Date TD: 02/24/2017 Date Casing Set or D&A: 02/25/2017

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 6386 TVD** 6217 Plug Back Total Depth MD 6317 TVD** 6148

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	1,747	382	0	1,760	VISU
1ST	7+7/8	4+1/2	11.6	0	6,360	628	2,050	6,386	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	3,101		NO	NO	
WILLIAMS FORK	3,101		NO	NO	
CAMEO	5,790		NO	NO	
ROLLINS	6,173		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.

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

Signed: _____ Print Name: CARI MASCIOLI

Title: REGULATORY TECH Date: _____ Email: CMASCIOLI@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401282267	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401282266	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"/>
<u>Other Attachments</u>			
401282253	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282259	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282260	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282262	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282263	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282265	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282268	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401282269	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)