

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



DE ET OE ES

Document Number:

401387389

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: 1600 BROADWAY ST STE 2600

Fax:

City: DENVER State: CO Zip: 80202

API Number 05-045-23325-00

County: GARFIELD

Well Name: BMC B

Well Number: 13D-18-07-95

Location: QtrQtr: SWNW Section: 18 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 2259 feet Direction: FNL Distance: 643 feet Direction: FWL

As Drilled Latitude: 39.438802 As Drilled Longitude: -108.046623

GPS Data:

Date of Measurement: 10/04/2017 PDOP Reading: 1.9 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 1567 feet. Direction: FNL Dist.: 567 feet. Direction: FWL

Sec: 18 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1567 feet. Direction: FNL Dist.: 567 feet. Direction: FWL

Sec: 18 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) 05/30/2017 Date TD: 06/13/2017 Date Casing Set or D&A: 06/14/2017

Rig Release Date: 09/05/2017 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 6320 TVD** 5985 Plug Back Total Depth MD 6223 TVD** 5888

Elevations GR 5100 KB 5117

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL/MUD/PULSED NEUTRON/TRIPLE COMBO ON 045-23327

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	24	16	75	0	92	70	0	92	VISU
SURF	12+1/4	8+5/8	32	0	1,837	405	0	1,860	VISU
1ST	7+7/8	4+1/2	11.6	0	6,268	660	206	6,320	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	
WILLIAMS FORK	3,185		NO	NO	
CAMEO	5,789		NO	NO	
ROLLINS	6,129		NO	NO	

Comment:

THE WELLS ON THE BMC B PAD ARE CURRENTLY BEING COMPLETED.

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.

LOGS HAVE BEEN RUN ON THIS WELL AND ARE PROVIDED WITH THIS FORM 5 SUBMITTAL. 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 MASCIOLI

Title: REGULATORY ANALYST

Date: _____

Email: cmascioli@ursaresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
401445155	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
401445152	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>					
401445150	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401445157	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401448750	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401448752	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401448792	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401448799	LAS-PULSED NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401449311	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401449314	PDF-PULSED NEUTRON	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)