

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:
401387397

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) 260-2423
 Address: 1600 BROADWAY ST STE 2600 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-045-23323-00 County: GARFIELD
 Well Name: BMC B Well Number: 13C-18-07-95
 Location: QtrQtr: SWNW Section: 18 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 2259 feet Direction: FNL Distance: 673 feet Direction: FWL
 As Drilled Latitude: 39.438805 As Drilled Longitude: -108.046516

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.: 1893 feet. Direction: FSL Dist.: 588 feet. Direction: FWL
 Sec: 18 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 1893 feet. Direction: FSL Dist.: 588 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) 05/26/2017 Date TD: 06/22/2017 Date Casing Set or D&A: 06/23/2017
 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 6250 TVD** 6016 Plug Back Total Depth MD 6183 TVD** 5949

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	1,798	394	0	1,807	VISU
1ST	7+7/8	4+1/2	11.6	0	6,228	649	582	6,250	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	3,072		NO	NO	
CAMEO	5,697		NO	NO	
ROLLINS	6,038		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 MASIOLI

Title: REGULATORY ANALYST

Date: _____

Email: cmascioli@ursaresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401446055	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401446054	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			
401446053	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401446057	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448955	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448957	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448958	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448961	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448967	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401448968	LAS-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)