

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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| DE | ET | OE | ES |
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Document Number:

401387432

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 05-045-23479-00

County: GARFIELD

Well Name: BMC B

Well Number: 41C-13-07-96

Location: QtrQtr: Lot 3 Section: 18 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 2236 feet Direction: FNL Distance: 677 feet Direction: FWL

As Drilled Latitude: 39.438867 As Drilled Longitude: -108.046501

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.: 940 feet. Direction: FNL Dist.: 672 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

** If directional footage at Bottom Hole Dist.: 940 feet. Direction: FNL Dist.: 672 feet. Direction: FWL

Sec: 13 Twp: 7S Rng: 96W

Field Name: GRAND VALLEY

Field Number: 31290

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/21/2017 Date TD: 09/01/2017 Date Casing Set or D&A: 09/02/2017

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 6645 TVD** 6074 Plug Back Total Depth MD 6581 TVD** 6010

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 | 97 | 70 | 0 | 97 | VISU |
| SURF | 12+1/4 | 8+5/8 | 32 | 0 | 1,879 | 402 | 0 | 1,900 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 6,624 | 698 | 496 | 6,645 | 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 | 3,488 | | NO | NO | |
| CAMEO | 6,118 | | NO | NO | |
| ROLLINS | 6,468 | | 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> | | |
| 401448242 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 401448241 | 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> | | |
| 401448243 | WELL LOCATION PLAT | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401448244 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449743 | PDF-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449744 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449745 | PDF-PULSED NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449748 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449824 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 401449837 | 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)