

FORM  
5ARev  
06/12

## 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:

401253888

Date Received:

## COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10447 4. Contact Name: CARI MASCIOLI  
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 284-3244  
 3. Address: 1600 BROADWAY ST STE 2600 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80202 Email: CMASCIOLI@URSARESOURCE.COM

5. API Number 05-045-22846-00 6. County: GARFIELD  
 7. Well Name: B&V Well Number: 33D-07-07-95  
 8. Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION  
 Treatment Date: 09/18/2017 End Date: 10/11/2017 Date of First Production this formation: 10/19/2017  
 Perforations Top: 3887 Bottom: 6902 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 151,161 bbls 2% KCL slickwater and no proppant. Tri-Frac with B&V 13D-07-07-95 (API #05-045-22717) and B&V 23D-07-07-95 (API #05-045-22723).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 151161Max pressure during treatment (psi): 8128

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 10Recycled water used in treatment (bbl): 151161Flowback volume recovered (bbl): 25709

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: RECYCLE

Total proppant used (lbs): \_\_\_\_\_

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

## Test Information:

Date: 11/03/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 3746 Bbl H2O: 1185  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3746 Bbl H2O: 1185 GOR: 0  
 Test Method: Flowing Casing PSI: 650 Tubing PSI: 1325 Choke Size: 64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1017 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5409 Tbg setting date: 10/19/2017 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

WELLBORE DIAGRAM ATTACHED. PLEASE NOTE, THE TPZ FOOTAGES INCLUDED WITH THE ASSOCIATED FORM 5 SUBMITTAL WERE PLANNED FOOTAGES AS THE WELL HAD NOT YET BEEN COMPLETED. AS-DRILLED TPZ FOOTAGES ARE AS FOLLOWS:

1680' FSL, 2542' FWL, SECTION 7-T7S-R95W

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**

**Name**

401453785

WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)