

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:

401510328

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 05-045-22551-00

County: GARFIELD

Well Name: TOMPKINS

Well Number: 41AWI-08-07-95

Location: QtrQtr: SESE Section: 5 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 200 feet Direction: FSL Distance: 535 feet Direction: FEL

As Drilled Latitude: 39.459959 As Drilled Longitude: -108.013783

GPS Data:

Date of Measurement: 01/13/2018 PDOP Reading: 2.2 GPS Instrument Operator's Name: P. HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 1303 feet. Direction: FSL Dist.: 1327 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1303 feet. Direction: FSL Dist.: 1327 feet. Direction: FEL

Sec: 8 Twp: 7S Rng: 95W

Field Name: PARACHUTE

Field Number: 67350

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/10/2017 Date TD: 11/17/2017 Date Casing Set or D&A: 11/18/2017

Rig Release Date: 11/18/2017 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 8130 TVD** 7707 Plug Back Total Depth MD 8060 TVD** 7637

Elevations GR 5532 KB 5549

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

List Electric Logs Run:

CBL/MUD/Triple Combo

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	77	70	0	77	VISU
SURF	12+1/4	9+5/8	36	0	1,726	301	0	1,747	VISU
1ST	8+3/4	5+1/2	17	0	8,105	988	2,452	8,130	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	4,018		NO	NO	
CAMEO	6,664		NO	NO	
ROLLINS	7,111		NO	NO	
COZZETTE	7,398		NO	NO	
CORCORAN	7,652		NO	NO	

Comment:

THIS WELL IS AN INJECTION WELL.

LAT/LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS DRILLED PLAT ATTACHED FOR YOUR REFERENCE.

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>		
401512620	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
401512618	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>		
401512590	PDF-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512591	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512621	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512623	PDF-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512628	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512635	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401512640	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
401515209	WELL LOCATION PLAT	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)