

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401253895

Date Received:

09/22/2017

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 05-045-22844-00 6. County: GARFIELD
 7. Well Name: B&V Well Number: 33B-07-07-95
 8. Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/19/2017 End Date: 08/23/2017 Date of First Production this formation: 08/28/2017
 Perforations Top: 3885 Bottom: 6902 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 151,160 bbls 2% KCL slickwater and no proppant. Tri-Frac with B&V 13B-07-07-95 (API #05-045-22719) and B&V 23B-07-07-95 (API#05-045-22708).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 151160Max pressure during treatment (psi): 8024

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): 0.67

Total acid used in treatment (bbl): _____

Number of staged intervals: 10Recycled water used in treatment (bbl): 151160Flowback volume recovered (bbl): 33100

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

Test Information:

Date: 09/17/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 3287 Bbl H2O: 967
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3287 Bbl H2O: 967 GOR: _____
 Test Method: Flowing Casing PSI: 550 Tubing PSI: 1150 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5411 Tbg setting date: 08/26/2017 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:

THE WELLS ON THE B&V PAD ARE CURRENTLY BEING COMPLETED.

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:

2156' FSL, 2530' 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: 9/22/2017 Email CMASCIOLI@URSARESOURCES.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401253895	FORM 5A SUBMITTED
401407359	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	have concerns about tpz	02/15/2018

Total: 1 comment(s)