

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:

401387496

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
2. Name of Operator: URSA OPERATING COMPANY LLC
3. Address: 1600 BROADWAY ST STE 2600
City: DENVER State: CO Zip: 80202
4. Contact Name: CARI MASCIOLI
Phone: (970) 284-3244
Fax:
Email: cmascioli@ursaresources.com

5. API Number 05-045-23483-00
6. County: GARFIELD
7. Well Name: BMC B
Well Number: 43A-13-07-96
8. Location: QtrQtr: Lot 3 Section: 18 Township: 7S Range: 95W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/26/2018 End Date: 03/13/2018 Date of First Production this formation: 03/22/2018
Perforations Top: 3327 Bottom: 6186 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 151,151 bbls 2% KCL slickwater and no proppant. Tri-Frac pair with BMC B 13B-18-07-95 (API #05-045-23322) and BMC B 23A-18-07-95 (API #05-045-23321).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 151151

Max pressure during treatment (psi): 7159

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): 0.73

Total acid used in treatment (bbl):

Number of staged intervals: 10

Recycled water used in treatment (bbl): 151151

Flowback volume recovered (bbl): 32394

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: 04/04/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 1363 Bbl H2O: 1592
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1363 Bbl H2O: 1592 GOR: 0
Test Method: Flowing Casing PSI: 375 Tubing PSI: 1150 Choke Size: 64/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4773 Tbg setting date: 03/23/2018 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:

2513' FSL, 431' FWL, SECTION 13-T7S-R96W

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**

401604298	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)