

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:

401890349

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@ursaresources.com

5. API Number 05-103-12304-00 6. County: RIO BLANCO
 7. Well Name: BOIES RANCH B-19N Well Number: FED 23C-19-2-97
 8. Location: QtrQtr: SESW Section: 19 Township: 2S Range: 97W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: WILLIAMS FORK-ILES Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 12/03/2018 End Date: 12/22/2018 Date of First Production this formation: 12/24/2018Perforations Top: 6608 Bottom: 10900 No. Holes: 756 Hole size: 37/100Provide a brief summary of the formation treatment: Open Hole: ☒

Frac'd with 25,961 bbls of fresh water and 233,649 bbls 2% KCl slickwater and no proppant. Frac pair with Boies Ranch B-19N FED 33C-19-2-97 (API #05-103-12298).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 259610Max pressure during treatment (psi): 7313

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): 0.65

Total acid used in treatment (bbl): _____

Number of staged intervals: 14Recycled water used in treatment (bbl): 233649Flowback volume recovered (bbl): 75182Fresh water used in treatment (bbl): 25961Disposition 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: 01/17/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 5265 Bbl H2O: 4794
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 5265 Bbl H2O: 4794 GOR: 0
 Test Method: Flowing Casing PSI: 850 Tubing PSI: 1200 Choke Size: 72/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1037 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8754 Tbg setting date: 12/28/2018 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:

DUE TO SIMOPS OCCURRING ON THIS LOCATION, THIS WELL WAS COMPLETED BEFORE THE DRILLING RIG WAS RELEASED AFTER FINISHING THE LAST WELL IN THIS OCCUPATION. THEREFORE A FORM 5 HAS NOT BEEN SUBMITTED YET.

THE WELLS ON THE BOIES RANCH B-19N PAD ARE CURRENTLY BEING COMPLETED.

WELLBORE DIAGRAM ATTACHED.

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

401909644

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)