

DRILLING COMPLETION REPORT

Document Number:
401890319

Date Received:

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 05-103-12307-00 County: RIO BLANCO
 Well Name: BOIES RANCH B-19N Well Number: FED 23A-19-2-97
 Location: QtrQtr: SESW Section: 19 Township: 2S Range: 97W Meridian: 6
 Footage at surface: Distance: 1090 feet Direction: FSL Distance: 1667 feet Direction: FWL
 As Drilled Latitude: 39.857539 As Drilled Longitude: -108.328239

GPS Data:
 Date of Measurement: 07/17/2018 PDOP Reading: 2.3 GPS Instrument Operator's Name: T. KIASER

** If directional footage at Top of Prod. Zone Dist.: 2581 feet. Direction: FSL Dist.: 1787 feet. Direction: FWL
 Sec: 19 Twp: 2S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 2581 feet. Direction: FSL Dist.: 1787 feet. Direction: FWL
 Sec: 19 Twp: 2S Rng: 97W

Field Name: SULPHUR CREEK Field Number: 80090
 Federal, Indian or State Lease Number: COC078270

Spud Date: (when the 1st bit hit the dirt) 08/25/2018 Date TD: 11/14/2018 Date Casing Set or D&A: 11/15/2018
 Rig Release Date: 11/27/2018 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 11185 TVD** 10966 Plug Back Total Depth MD 11136 TVD** 10917
 Elevations GR 6305 KB 6326 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/TRIPLE COMBO ON 103-12301

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	18	87.5	0	81	75	0	81	VISU
SURF	13+1/2	9+5/8	36	0	3,623	1,250	0	3,645	VISU
1ST	7+7/8	4+1/2	13.5	0	11,160	1,153	3,620	11,185	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	
OHIO CREEK	6,164		NO	NO	
WILLIAMS FORK	6,164		NO	NO	
ROLLINS	10,069		NO	NO	
COZZETTE	10,215		NO	NO	
CORCORAN	10,458		NO	NO	
SEGO	10,719		NO	NO	

Comment:

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

LAT/LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS DRILLED COORDINATES WERE TAKEN AT THE TIME THE CONDUCTOR PIPE WAS SET.

LOGS HAVE BEEN RUN ON THIS WELL AND ARE PROVIDED WITH THIS FORM 5 SUBMITTAL. TOP OF PRODUCTION ZONE FOOTAGES ARE ESTIMATED AS THIS WELL HAS NOT YET BEEN COMPLETED. ACTUAL TPZ FOOTAGES WILL BE PROVIDED AT THE TIME OF THE FORM 5A SUBMITTAL.

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 ?	
Attachment Checklist			
401893993	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401893992	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"/>
Other Attachments			
401893973	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893976	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893977	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893987	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893988	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893990	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893995	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401917529	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)

