

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:

401890315

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 05-103-12296-00

County: RIO BLANCO

Well Name: BOIES RANCH B-19N

Well Number: FED 23B-19-2-97

Location: QtrQtr: SESW Section: 19 Township: 2S Range: 97W Meridian: 6

Footage at surface: Distance: 1074 feet Direction: FSL Distance: 1683 feet Direction: FWL

As Drilled Latitude: 39.857496 As Drilled Longitude: -108.328182

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.: 2260 feet. Direction: FSL Dist.: 1820 feet. Direction: FWL

Sec: 19 Twp: 2S Rng: 97W

** If directional footage at Bottom Hole Dist.: 2260 feet. Direction: FSL Dist.: 1820 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) 09/05/2018 Date TD: 10/30/2018 Date Casing Set or D&A: 10/31/2018

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 11028 TVD** 10891 Plug Back Total Depth MD 10993 TVD** 10856

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	3,584	1,163	0	3,605	VISU
1ST	7+7/8	4+1/2	13.5	0	11,006	1,050	4,844	11,028	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	6,050		NO	NO	
WILLIAMS FORK	6,050		NO	NO	
CAMEO	9,413		NO	NO	
ROLLINS	9,970		NO	NO	
COZZETTE	10,117		NO	NO	
CORCORAN	10,341		NO	NO	
SEGO	10,613		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 ?	
<u>Attachment Checklist</u>			
401893886	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401917557	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>			
401893869	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893870	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893872	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893880	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893883	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893884	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401893888	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401918256	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)

