

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:

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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 05-103-12296-00 6. County: RIO BLANCO
 7. Well Name: BOIES RANCH B-19N Well Number: FED 23B-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: 12/24/2018 End Date: 01/12/2019 Date of First Production this formation: 01/22/2019Perforations Top: 6663 Bottom: 10896 No. Holes: 756 Hole size: 37/100Provide a brief summary of the formation treatment: Open Hole: ☒

Frac'd with 25,691 bbls of fresh water, 233,649 bbls of 2% KCl slickwater and no proppant. Frac pair with Boies Ranch B-19N FED 33B-19-2-97 (API #05-103-12302).

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 259610Max pressure during treatment (psi): 7653

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): 0.68

Total acid used in treatment (bbl): _____

Number of staged intervals: 14Recycled water used in treatment (bbl): 233649Flowback volume recovered (bbl): 78134Fresh 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: 02/06/2019 Hours: 24 Bbl oil: 0 Mcf Gas: 3374 Bbl H2O: 4636Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3374 Bbl H2O: 4636 GOR: 0Test Method: Flowing Casing PSI: 725 Tubing PSI: 1300 Choke Size: 66/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1035 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 8771 Tbg setting date: 01/21/2019 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:

2275' FSL, 1821' FWL, SECTION 19-T2S-R97W

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

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Attachment Check List

Att Doc Num

Name

401932672

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)