

**FORM
5**Rev
02/08**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:

400287941

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

1. OGCC Operator Number: 10375

4. Contact Name: DEBBIE GHANI

2. Name of Operator: ULTRA RESOURCES INC

Phone: (303) 645-9810

3. Address: 304 INVERNESS WAY SOUTH #295

Fax: (303) 708-9748

City: ENGLEWOOD State: CO Zip: 80112

5. API Number 05-041-06067-00

6. County: EL PASO

7. Well Name: PONDEROSA 41-17

Well Number: 1V

8. Location: QtrQtr: NENE Section: 17 Township: 14S Range: 64W Meridian: 6

Footage at surface: Distance: 631 feet Direction: FNL Distance: 300 feet Direction: FEL

As Drilled Latitude: 38.836956 As Drilled Longitude: -104.573128

GPS Data:

Date of Measurement: 04/05/2012 PDOP Reading: 2.4 GPS Instrument Operator's Name: OWEN MCKEE

** If directional footage at Top of Prod. Zone Dist.: 697 feet. Direction: FSL Dist.: 673 feet. Direction: FEL

Sec: 17 Twp: 14S Rng: 64W

** If directional footage at Bottom Hole Dist.: 730 feet. Direction: FNL Dist.: 675 feet. Direction: FEL

Sec: 17 Twp: 14S Rng: 64W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/12/2012 13. Date TD: 04/23/2012 14. Date Casing Set or D&A:

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6988 TVD** 6967 17 Plug Back Total Depth MD 6787 TVD** 6766

18. Elevations GR 6504 KB 18

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

PLATFORM EXPRESS TRIPLE COMBO, ECS, FMI, SONIC SCANNER

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	20	65	0	120	180	0	120	
SURF	12+1/4	8+5/8	24	0	1,413	605	0	1,413	
1ST	7+7/8	5+1/2	17	0	6,830	630	2,500	6,830	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,260		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,733		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,772		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	6,894		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DEBBIE GHANITitle: SR. PERMITTING SPECIALIST Date: _____ Email: DGHANI@ULTRAPETROLEUM.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400288119	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400288203	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>					
400288116	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400288117	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400288151	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400288208	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)