

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



DE ET OE ES

Document Number:

400440278

Date Received:

07/11/2013

## 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: Shauna Redican  
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8350  
 3. Address: 1050 17TH STREET #2400 Fax: (720) 508-8368  
 City: DENVER State: CO Zip: 80265

5. API Number 05-045-13937-00 6. County: GARFIELD  
 7. Well Name: ROBINSON Well Number: A5  
 8. Location: QtrQtr: SWSW Section: 8 Township: 6S Range: 92W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/30/2013 End Date: 05/31/2013 Date of First Production this formation: 02/16/2008

Perforations Top: 6042 Bottom: 6516 No. Holes: 88 Hole size: 37/100

Provide a brief summary of the formation treatment: Open Hole: ☐

WFCM - Frac'd with 26306 bbls 2% Slickwater and 24 bbls 7.5% HCL Acid

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 26306

Max pressure during treatment (psi): 6888

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 24

Number of staged intervals: 6

Recycled water used in treatment (bbl): 52239

Flowback volume recovered (bbl): 31418

Fresh water used in treatment (bbl): 0

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

## Test Information:

Date: 06/25/2013 Hours: 24 Bbl oil: 3 Mcf Gas: 73 Bbl H2O: 48

Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 73 Bbl H2O: 48 GOR: 24333

Test Method: Flowing Casing PSI: 1650 Tubing PSI: 250 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1180 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6277 Tbg setting date: 06/10/2013 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:

Please note, this Form 5A is being submitted for a re-completion of the subject well. Please see the previously submitted Form 5A for original completion details. No wellbore diagram available.

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

Signed: \_\_\_\_\_ Print Name: Shauna Redican

Title: Permit Representative Date: 7/11/2013 Email sredican@ursaresources.com  
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### **Attachment Check List**

Att Doc Num	Name
400440278	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Corrected fm. treatment details per oper.	7/22/2013 6:59:52 AM

Total: 1 comment(s)