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Document Number:  
400574045

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: 10447 4. Contact Name: Shauna DeMattee  
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8350  
 3. Address: 1050 17TH STREET #2400 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80265

5. API Number 05-045-22100-00 6. County: GARFIELD  
 7. Well Name: BAT Well Number: 32D-24-07-96  
 8. Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6  
 Footage at surface: Distance: 1975 feet Direction: FSL Distance: 1932 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

GPS Data:  
 Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ GPS Instrument Operator's Name: \_\_\_\_\_

\*\* If directional footage at Top of Prod. Zone Dist.: 2346 feet. Direction: FNL Dist.: 1987 feet. Direction: FEL  
 Sec: 24 Twp: 7S Rng: 96W  
 \*\* If directional footage at Bottom Hole Dist.: 2350 feet. Direction: FNL Dist.: 1996 feet. Direction: FEL  
 Sec: 24 Twp: 7S Rng: 96W

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) 01/31/2014 13. Date TD: 02/07/2014 14. Date Casing Set or D&A: 02/08/2014

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

16. Total Depth MD 6246 TVD\*\* 5799 17 Plug Back Total Depth MD 6187 TVD\*\* 5740

18. Elevations GR 5183 KB 5198 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:  
Mud, Pulsed Neutron, Triple Combo, and CBL

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	20	16	75#	0	76	50	0	76	CALC
SURF	12+1/4	8+5/8	32#	0	1,847	480	0	1,875	CALC
1ST	7+7/8	4+1/2	11.6#	0	6,233	760	2,260	6,246	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:

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	
WILLIAMS FORK	3,104		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,553		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,074		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing and cement information are measured from KB. All formations are measured from surface. The As Drilled Plat and SHL lat/longs will be submitted with the final completion report.

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

Signed: \_\_\_\_\_

Print Name: Shauna DeMattee

Title: Permit Representative

Date:

Email: sdemattee@ursaresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400575033	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400574509	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"/>
400574046	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400574057	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574067	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574072	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400574081	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)