

FORM 5A

Rev 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: 400679978

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: JENNIFER LIND
 2. Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362
 3. Address: 1050 17TH STREET #2400 Fax: _____
 City: DENVER State: CO Zip: 80265 Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22414-00 6. County: GARFIELD
 7. Well Name: CSF Well Number: 44B-09-07-91
 8. Location: QtrQtr: NESW Section: 9 Township: 7S Range: 91W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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

Treatment Date: 08/12/2014 End Date: 08/22/2014 Date of First Production this formation: 08/29/2014

Perforations Top: 5819 Bottom: 7610 No. Holes: 376 Hole size: 0.37

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

Frac'd with 120,989 bbls 2% slickwater, 71 bbls 7.5% HCL Acid and 1,501,265 lbs of 20/40 sand. Zipper frac with offset well CSF 22C-09-07-91 (API # 05-045-19815).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 120989 Max pressure during treatment (psi): 7439
 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): 0.67
 Total acid used in treatment (bbl): 71 Number of staged intervals: 6
 Recycled water used in treatment (bbl): 119368 Flowback volume recovered (bbl): 47250
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1501265 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/13/2014 Hours: 24 Bbl oil: 15 Mcf Gas: 1690 Bbl H2O: 1804
 Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 1690 Bbl H2O: 1804 GOR: 11266
 Test Method: Flowing Casing PSI: 600 Tubing PSI: 1800 Choke Size: 42/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1209 API Gravity Oil: 53
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6800 Tbg setting date: 08/28/2014 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:

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

Signed: _____ Print Name: JENNIFER LIND
Title: REGULATORY ANALYST Date: _____ Email: JLIND@URSARESOURCES.COM
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------|
| 400692357 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)