

FORM
5
Rev
09/14

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:
400757415

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

OGCC Operator Number: 10447 Contact Name: JENNIFER LIND
 Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362
 Address: 1050 17TH STREET #2400 Fax: _____
 City: DENVER State: CO Zip: 80265

API Number 05-045-19376-00 County: GARFIELD
 Well Name: McLin Well Number: B6
 Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 1248 feet Direction: FNL Distance: 464 feet Direction: FEL
 As Drilled Latitude: 39.531043 As Drilled Longitude: -107.608092

GPS Data:
 Date of Measurement: 04/02/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: AIBNER

** If directional footage at Top of Prod. Zone Dist.: 861 feet. Direction: FNL Dist.: 725 feet. Direction: FWL
 Sec: 18 Twp: 6S Rng: 91W
 ** If directional footage at Bottom Hole Dist.: 861 feet. Direction: FNL Dist.: 725 feet. Direction: FWL
 Sec: 18 Twp: 6S Rng: 91W

Field Name: KOKOPELLI Field Number: 47525
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 02/28/2014 Date TD: 10/20/2014 Date Casing Set or D&A: 10/21/2014
 Rig Release Date: 10/22/2014 Per Rule 308A.b.

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

Total Depth MD 7155 TVD** 6862 Plug Back Total Depth MD 7080 TVD** 6787

Elevations GR 5598 KB 5583 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL, MUD, PULSED NEUTRON.

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	17+1/2	16	75	0	73	50	0	73	CALC
SURF	12+1/4	8+5/8	32	0	1,025	279	0	1,025	CALC
1ST	7+7/8	4+1/2	11.6	0	7,128	950	2,170	7,155	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,288		NO	NO	
CAMEO	5,778		NO	NO	
ROLLINS	6,958		NO	NO	

Comment:

LAT / LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS-DRILLED PLAT IS ATTACHED FOR YOUR REFERENCE.

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

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400757516	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400757747	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"/>
Other Attachments			
400757488	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757493	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757498	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757507	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757509	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400757750	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)