

FORM
5Rev
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



DE ET OE ES

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@URSARESOURCE.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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

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Total: 0 comment(s)