

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



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| DE | ET | OE | ES |
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Document Number:

400761819

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 05-045-22425-00

County: GARFIELD

Well Name: BAT

Well Number: 24D-24-07-96

Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6

Footage at surface: Distance: 1802 feet Direction: FSL Distance: 2056 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.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: COC027825

Spud Date: (when the 1st bit hit the dirt) 09/26/2014 Date TD: Date Casing Set or D&A:

Rig Release Date: Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 1907 TVD** 1907 Plug Back Total Depth MD TVD**

Elevations GR 5182 KB 5195 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

WILL BE PROVIDED WITH FINAL FORM 5 SUBMITTAL.

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 | 24 | 16 | 75 | 0 | 73 | 70 | 0 | 73 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32 | 0 | 1,907 | 440 | 0 | 1,907 | CALC |

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:

| |
|--|
| |
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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 | |
| | | | | | |

Comment:

PRELIMINARY FORM 5 BEING SUBMITTED TO BRING THIS WELL INTO COMPLIANCE WITH RULE 308A. THIS WELL HAS SURFACE CASING SET ONLY. SURFACE CASING WAS PRE-SET ON ALL PERMITTED WELLS ON THIS LOCATION. DRILLING OPERATIONS WERE SUSPENDED ON 10/6/2014 DUE TO PRODUCTION RIG DRILLING SCHEDULE - URSA PLANS TO REOCCUPY THE SPEAKMAN A PAD IN MARCH, 2015 TO COMMENCE DRILLING OF THE PRODUCTION ON REMAINING PERMITTED WELLS. AS-DRILLED COORDINATES, FINAL BOTTOM HOLE LOCATION AND ALL OTHER MISSING INFORMATION WILL BE PROVIDED ON THE FINAL FORM 5.

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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400761897 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | | | | | |

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)