

**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.

Document Number:  
400840105

Date Received:

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 05-045-22753-00 County: GARFIELD

Well Name: YATER Well Number: 22C-17-07-95

Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6

Footage at surface: Distance: 1767 feet Direction: FSL Distance: 1106 feet Direction: FWL

As Drilled Latitude: 39.435296 As Drilled Longitude: -108.026479

GPS Data:  
Date of Measurement: 05/12/2015 PDOP Reading: 1.5 GPS Instrument Operator's Name: AIBNER

\*\* If directional footage at Top of Prod. Zone Dist.: 2188 feet. Direction: FNL Dist.: 1967 feet. Direction: FWL  
Sec: 17 Twp: 7S Rng: 95W

\*\* If directional footage at Bottom Hole Dist.: 2188 feet. Direction: FNL Dist.: 1967 feet. Direction: FWL  
Sec: 17 Twp: 7S Rng: 95W

Field Name: PARACHUTE Field Number: 67350

Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 02/06/2015 Date TD: 03/09/2015 Date Casing Set or D&A: 03/10/2015

Rig Release Date: 03/11/2015 Per Rule 308A.b.

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

Total Depth MD 6960 TVD\*\* 6619 Plug Back Total Depth MD 6897 TVD\*\* 6556

Elevations GR 5519 KB 5536 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, MUD, PULSED NEUTRON. OPEN HOLE LOGS WERE RAN FOR THIS PAD ON THE YATER 12D-17-07-95 WELL (API # 05-045-22761).

**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	77	70	0	77	CALC
SURF	12+1/4	8+5/8	32	0	1,818	420	0	1,832	CALC
1ST	7+7/8	4+1/2	11.6	0	6,942	835	1,320	6,960	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	3,786		NO	NO	
CAMEO	6,264		NO	NO	
ROLLINS	6,775		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 ?	
<b>Attachment Checklist</b>			
400849866	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400847704	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"/>
<b>Other Attachments</b>			
400847609	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847613	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847626	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400847705	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849868	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400849871	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)