

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: URSA OPERATING COMPANY LLC 3. Address: 1050 17TH STREET #2400 City: DENVER State: CO Zip: 80265 4. Contact Name: JENNIFER LIND Phone: (720) 508-8362 Fax: Email: JLIND@URSARESOURCES.COM

5. API Number 05-045-22750-00 6. County: GARFIELD 7. Well Name: YATER Well Number: 43C-18-07-95 8. Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 05/07/2015 End Date: 05/19/2015 Date of First Production this formation: 05/26/2015 Perforations Top: 3784 Bottom: 6661 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: [] Frac'd with 154,285 bbls 2% slickwater and no sand. Zipper frac with offset well Yater 43A-18-07-95 (API #05-045-22763).

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 154285 Max pressure during treatment (psi): 6435 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): 0.64 Total acid used in treatment (bbl): Number of staged intervals: 10 Recycled water used in treatment (bbl): 154285 Flowback volume recovered (bbl): 50498 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/12/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 2099 Bbl H2O: 1204 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2099 Bbl H2O: 1204 GOR: 0 Test Method: Flowing Casing PSI: 400 Tubing PSI: Choke Size: 64/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: 50 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5203 Tbg setting date: 06/13/2015 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
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Attachment Check List

Att Doc Num **Name**

400856532	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)