

FORM
5ARev
06/12

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:

400873492

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

5. API Number 05-045-22807-00 6. County: GARFIELD
 7. Well Name: WATSON RANCH B Well Number: 34A-17-07-95
 8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 07/20/2015 End Date: 07/26/2015 Date of First Production this formation: 07/29/2015Perforations Top: 4615 Bottom: 6706 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 90,911 bbls 2% slickwater and no sand. Zipper frac with offset well Watson Ranch B 34C-17-07-95 (API # 05-045-22805)

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 90911Max pressure during treatment (psi): 6617

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): 0.61

Total acid used in treatment (bbl): _____

Number of staged intervals: 8Recycled water used in treatment (bbl): 90911Flowback volume recovered (bbl): 18267

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/19/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1270 Bbl H2O: 460
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1270 Bbl H2O: 460 GOR: 0
 Test Method: FLOWING Casing PSI: 325 Tubing PSI: 425 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1041 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5667 Tbg setting date: 07/27/2015 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:

--

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

Name

400889815

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)