

FORM 5A Rev 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



Table with columns DE, ET, OE, ES

Document Number: 400879894 Date Received: 08/28/2015

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 05-045-22836-00 6. County: GARFIELD 7. Well Name: BAT Well Number: 24B-18-07-95 8. Location: QtrQtr: SESE Section: 18 Township: 7S Range: 95W Meridian: 6 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 07/06/2015 End Date: 07/17/2015 Date of First Production this formation: 07/24/2015 Perforations Top: 3962 Bottom: 6824 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: [ ]

Frac'd with 155,005 bbls 2% slickwater and no proppant

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 155005 Max pressure during treatment (psi): 6863 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): 0.63 Total acid used in treatment (bbl): Number of staged intervals: 10 Recycled water used in treatment (bbl): 155055 Flowback volume recovered (bbl): 49961 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: 08/19/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 2831 Bbl H2O: 562 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2831 Bbl H2O: 562 GOR: 0 Test Method: Flowing Casing PSI: 533 Tubing PSI: 535 Choke Size: 64/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1075 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5396 Tbg setting date: 08/04/2015 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: 8/28/2015 Email: JLIND@URSARESOURCES.COM  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400879894	FORM 5A SUBMITTED
400892030	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Passes permitting.	9/14/2015 12:53:21 PM

Total: 1 comment(s)