

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



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Document Number:

400852873

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 05-045-22801-00  
6. County: GARFIELD  
7. Well Name: WATSON RANCH B  
Well Number: 24AWI-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: COZZETTE Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/24/2015 End Date: 02/01/2016 Date of First Production this formation:

Perforations Top: 6734 Bottom: 6995 No. Holes: 96 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac'd with 202,078 bbls 2% slickwater, and 3,664 lbs of 40/80 carbo hydroprop.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 202078 Max pressure during treatment (psi): 5250

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): 0.77

Total acid used in treatment (bbl): Number of staged intervals: 2

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3664 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

|                            |           |                      |               |  |  |
|----------------------------|-----------|----------------------|---------------|--|--|
| FORMATION: CORCORAN        |           | Status: SHUT IN      |               | Treatment Type: FRACTURE STIMULATION     |  |
| Treatment Date: 11/24/2015 |           | End Date: 02/01/2016 |               | Date of First Production this formation: |  |
| Perforations               | Top: 7014 | Bottom: 7173         | No. Holes: 64 | Hole size: 0.37                          |  |

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Frac'd with 134,718 bbls 2% slickwater, and 2,443 lbs of 40/80 carbo hydroprop.

This formation is commingled with another formation: ☐ Yes ☒ No

|   |   |
|---|---|
| Total fluid used in treatment (bbl): 134718   | Max pressure during treatment (psi): 5250   |
| 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): 0.77  |
| Total acid used in treatment (bbl): _____     | Number of staged intervals: 2   |
| Recycled water used in treatment (bbl): _____ | Flowback volume recovered (bbl): _____  |
| Fresh water used in treatment (bbl): _____    | Disposition method for flowback: RECYCLE  |
| Total proppant used (lbs): 2443               | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

|                                |                             |                         |                        |                |
|--------------------------------|-----------------------------|-------------------------|------------------------|----------------|
| Date: _____                    | Hours: _____                | Bbl oil: _____          | Mcf Gas: _____         | Bbl H2O: _____ |
| Calculated 24 hour rate: _____ | Bbl oil: _____              | Mcf Gas: _____          | Bbl H2O: _____         | GOR: _____     |
| Test Method: _____             | Casing PSI: _____           | Tubing PSI: _____       | Choke Size: _____      |                |
| Gas Disposition: _____         | Gas Type: _____             | Btu Gas: _____          | API Gravity Oil: _____ |                |
| Tubing Size: _____             | Tubing Setting Depth: _____ | Tbg setting date: _____ | 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.

FORMATION: COZZETTE-CORCORAN Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/24/2015 End Date: 02/01/2016 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6734 Bottom: 7175 No. Holes: 160 Hole size: 0.37

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Frac'd with 336,796 bbls 2% slickwater, and 6,107 lbs of 40/80 carbo hydroprop.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 336796 Max pressure during treatment (psi): 5250

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): 0.77

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 2

Recycled water used in treatment (bbl): 336796 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 6107 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6674 Tbg setting date: 01/30/2016 Packer Depth: 6672

Reason for Non-Production: planned injection well

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:

Well is shut-in pending Form 31 and Form 33 approval for injection. An updated Form 5A will be submitted at the time Ursa receives injection approval to change the status from "shut-in" to "injecting". As-built wellbore diagram is included with this submittal. Date of 1st production, flowback data and test data are not applicable as this is a planned injection well.

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@URSARESOURCE.COM

### Attachment Check List

| Att Doc Num | Name             |
|-------------|------------------|
| 400985555   | WELLBORE DIAGRAM |

Total Attach: 1 Files

### General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
|            |         |              |

Total: 0 comment(s)