

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:

400889859

Date Received:

02/17/2016

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@URSARESOURCE.COM

5. API Number 05-045-22784-00
6. County: GARFIELD
7. Well Name: YATER
Well Number: 12B-17-07-95
8. Location: QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 10/03/2015 End Date: 10/12/2015 Date of First Production this formation: 10/28/2015

Perforations Top: 4854 Bottom: 6917 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 120,911 bbls 2% slickwater and no proppant. Frac pair with Yater 22B-17-07-95 (05-045-22758).

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

Total fluid used in treatment (bbl): 120911

Max pressure during treatment (psi): 7500

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): 0.71

Total acid used in treatment (bbl):

Number of staged intervals: 8

Recycled water used in treatment (bbl): 120911

Flowback volume recovered (bbl): 19313

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: 11/08/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 3170 Bbl H2O: 1217

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 3170 Bbl H2O: 1217 GOR: 0

Test Method: Flowing Casing PSI: 800 Tubing PSI: 1450 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5905 Tbg setting date: 10/28/2015 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:

AS REQUIRED PER RULE 308A.b., THE RIG RELEASE DATE OF 8/26/15 LISTED ON THE DRILLING TAB OF THE ASSOCIATED FORM 5 IS THE FINAL RIG RELEASE DATE FOR THE WELLS THAT WERE DRILLED SEQUENTIALLY IN THIS OCCUPATION ON THIS PAD. THE WELLBORE DIAGRAM HAS BEEN REVISED TO SHOW THIS DATE RATHER THAN THE WELL-SPECIFIC RIG RELEASE DATE.

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: 2/17/2016

Email: JLIND@URSARESOURCES.COM

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Attachment Check List

Att Doc Num

Name

400889859	FORM 5A SUBMITTED
400990366	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Passes permitting.	3/17/2016 7:47:42 AM
Permit	Returned to draft. The Date of First Sales is before the Treatment Start Date(The Form 10 differs from the Form 5A). The Rig Release Date provided on the Wellbore Diagram does not match the date provided on the Form 5. The Form 7 reports are inaccurate-The Well Status is incorrect for the month of June.	1/28/2016 11:20:27 AM

Total: 2 comment(s)