

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



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Document Number:

400849842

Date Received:

06/08/2015

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 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@URSARESOURCE.COM

5. API Number 05-045-22095-00 6. County: GARFIELD
 7. Well Name: BAT Well Number: 12C-24-07-96
 8. Location: QtrQtr: NESW Section: 24 Township: 7S Range: 96W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/13/2015 End Date: 03/12/2015 Date of First Production this formation: 03/23/2015
 Perforations Top: 4113 Bottom: 5976 No. Holes: 512 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 121,627 bbls 2% slickwater, 95 bbls 7.5% HCL Acid and 805,315 lbs of 30/50 sand. Zipper Frac pairing with the BAT 32D-24-07-96 (API # 05-045-22100)

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 121722Max pressure during treatment (psi): 7703

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.69Total acid used in treatment (bbl): 95Number of staged intervals: 8Recycled water used in treatment (bbl): 121627Flowback volume recovered (bbl): 42016

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 805315Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/21/2014 Hours: 24 Bbl oil: 3 Mcf Gas: 3071 Bbl H2O: 1019
 Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 3071 Bbl H2O: 1019 GOR: 10236
 Test Method: Flowing Casing PSI: 950 Tubing PSI: _____ Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1180 API Gravity Oil: 52
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5042 Tbg setting date: 04/27/2014 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:

Form 5A submitted revising producing formation from WMFK to WFCM. Wellbore diagram is not available.

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: 6/8/2015 Email JLIND@URSARESOURCES.COM
:

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|-------------------|
| 400849842 | FORM 5A SUBMITTED |
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Total Attach: 1 Files

General Comments

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

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| Permit | Passes Permitting: adds CMEO. | 6/10/2015 7:37:29 AM |
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Total: 1 comment(s)