

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-22838-00 6. County: GARFIELD 7. Well Name: BAT 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: 07/18/2015 Perforations Top: 3914 Bottom: 6752 No. Holes: 540 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd with 155,161 bbls 2% slickwater and no sand.

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

Total fluid used in treatment (bbl): 155161 Max pressure during treatment (psi): 7572 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): 155161 Flowback volume recovered (bbl): 49249 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: 08/14/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 2431 Bbl H2O: 1039 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2431 Bbl H2O: 1039 GOR: 0 Test Method: Flowing Casing PSI: 440 Tubing PSI: 1100 Choke Size: 56/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5347 Tbg setting date: 08/03/2015 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: _____ Email: JLIND@URSARESOURCES.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400892073	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)