

DRILLING COMPLETION REPORT

Document Number:
401252344

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10447 Contact Name: CARI MASCIOLI
 Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 284-3244
 Address: 792 BUCKHORN DR Fax: _____
 City: RIFLE State: CO Zip: 81650

API Number 05-045-22845-00 County: GARFIELD
 Well Name: B&V Well Number: 11B-18-07-95
 Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 95W Meridian: 6
 Footage at surface: Distance: 1864 feet Direction: FSL Distance: 502 feet Direction: FWL
 As Drilled Latitude: 39.450121 As Drilled Longitude: -108.047281

GPS Data:
 Date of Measurement: 02/17/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: HOFFMANN

** If directional footage at Top of Prod. Zone Dist.: 396 feet. Direction: FNL Dist.: 612 feet. Direction: FWL
 Sec: 18 Twp: 7S Rng: 95W
 ** If directional footage at Bottom Hole Dist.: 396 feet. Direction: FNL Dist.: 612 feet. Direction: FWL
 Sec: 18 Twp: 7S Rng: 95W

Field Name: WILDCAT Field Number: 99999
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/07/2016 Date TD: 12/11/2016 Date Casing Set or D&A: 12/12/2017
 Rig Release Date: 03/20/2017 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6745 TVD** 6125 Plug Back Total Depth MD 6688 TVD** 6068
 Elevations GR 5084 KB 5101 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
CBL/MUD/PULSED NEUTRON/Triple Combo in API 045-22718

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	75	0	77	70	0	77	VISU
SURF	12+1/4	8+5/8	32	0	1,881	414	0	1,895	VISU
1ST	7+7/8	4+1/2	11.6	0	6,727	679	1,996	6,745	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
OHIO CREEK	3,513		NO	NO	
WILLIAMS FORK	3,513		NO	NO	
CAMEO	6,196		NO	NO	
ROLLINS	6,554		NO	NO	

Comment:

LAT/LONGS PROVIDED IN THE WELL INFORMATION SECTION ARE ACTUAL, AS-DRILLED COORDINATES. AS DRILLED COORDINATES WERE TAKEN AT THE TIME THE CONDUCTOR PIPE WAS SET.

TOP OF PRODUCTION ZONE FOOTAGES ARE ESTIMATED AS THIS WELL HAS NOT YET BEEN COMPLETED. ACTUAL TPZ FOOTAGES WILL BE PROVIDED AT THE TIME OF THE FORM 5A SUBMITTAL.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: CARI MASIOLI

Title: REGULATORY TECH

Date: _____

Email: CMASCIOLI@URSARESOURCES.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401280751	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401280575	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401280566	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401281088	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284917	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284920	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284924	PDF-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284929	LAS-PULSED NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284931	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401284934	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)