

**FORM
INSP**Rev
05/11**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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Inspection Date:

06/11/2013

Document Number:

670200551

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	290978	311651	BURGER, CRAIG	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10447 Name of Operator: URSA OPERATING COMPANY LLC

Address: 602 SAWYER STREET #710

City: HOUSTON State: TX Zip: 77007

Contact Information:

Contact Name	Phone	Email	Comment
Bleil, Robert	720-425-0303	rbleil@ursaresources.com	Regulatory and Environmental Manager
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: <u>NWNW</u>	Sec: <u>13</u>	Twp: <u>6S</u>	Range: <u>93W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/10/2010	200287160	PR	PR	S			N
06/08/2010	200254357	SR	PR	S	I		N

Inspector Comment:

Active permits expire Oct 2013.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
283411	WELL	PR	10/25/2006	GW	045-11917	SNYDER A 1	<input checked="" type="checkbox"/>
285152	WELL	PR	06/05/2007	GW	045-12398	SNYDER A10	<input checked="" type="checkbox"/>
285153	WELL	PR	10/13/2011	GW	045-12397	SNYDER A3	<input checked="" type="checkbox"/>
285154	WELL	PR	06/05/2007	GW	045-12396	SNYDER A4	<input checked="" type="checkbox"/>
285155	WELL	PR	12/11/2007	GW	045-12395	SNYDER A5	<input checked="" type="checkbox"/>
285156	WELL	PR	10/01/2012	GW	045-12394	SNYDER A9	<input checked="" type="checkbox"/>
289759	WELL	XX	09/26/2011	LO	045-13874	Snyder A2	<input checked="" type="checkbox"/>
289760	WELL	XX	09/26/2011	LO	045-13873	Snyder A8	<input checked="" type="checkbox"/>
289761	WELL	PR	11/04/2011	GW	045-13872	SNYDER A7	<input checked="" type="checkbox"/>
289762	WELL	XX	09/26/2011	LO	045-13871	Snyder A6	<input checked="" type="checkbox"/>
290978	WELL	PR	03/30/2012	GW	045-14241	SNYDER A11	<input checked="" type="checkbox"/>
292322	WELL	XX	08/28/2009	GW	045-14680	Snyder A15	<input checked="" type="checkbox"/>
292323	WELL	XX	09/26/2011	LO	045-14679	Snyder A14	<input checked="" type="checkbox"/>
292324	WELL	PR	09/19/2007	GW	045-14678	SNYDER A13	<input checked="" type="checkbox"/>
292325	WELL	PR	09/19/2007	GW	045-14677	SNYDER A12	<input checked="" type="checkbox"/>
413201	WELL	XX	09/26/2011	LO	045-18738	Snyder A19	<input checked="" type="checkbox"/>
413202	WELL	XX	09/26/2011	LO	045-18736	Snyder A17	<input checked="" type="checkbox"/>

413203	WELL	XX	09/26/2011	LO	045-18737	Snyder A18	<input checked="" type="checkbox"/>
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Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: <u>(S/U/V)</u> Satisfactory	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

<u>Good Housekeeping:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Weatherford trucks and a trailer parked on location.		

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Gathering Line	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Ancillary equipment	1	Satisfactory	water pump in containment		
Plunger Lift	10	Satisfactory			
Deadman # & Marked	11	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			
Bird Protectors	7	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	300 BBLS	STEEL AST	39.532230,-107.733760	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 311651

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment:**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Facility**

Facility ID: 283411 Type: WELL API Number: 045-11917 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 285152 Type: WELL API Number: 045-12398 Status: PR Insp. Status: PR

Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>285153</u>	Type: <u>WELL</u>	API Number: <u>045-12397</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>285154</u>	Type: <u>WELL</u>	API Number: <u>045-12396</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>285155</u>	Type: <u>WELL</u>	API Number: <u>045-12395</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>285156</u>	Type: <u>WELL</u>	API Number: <u>045-12394</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>289759</u>	Type: <u>WELL</u>	API Number: <u>045-13874</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>
Facility ID: <u>289760</u>	Type: <u>WELL</u>	API Number: <u>045-13873</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>
Facility ID: <u>289761</u>	Type: <u>WELL</u>	API Number: <u>045-13872</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>289762</u>	Type: <u>WELL</u>	API Number: <u>045-13871</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>
Facility ID: <u>290978</u>	Type: <u>WELL</u>	API Number: <u>045-14241</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>292322</u>	Type: <u>WELL</u>	API Number: <u>045-14680</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>
Facility ID: <u>292323</u>	Type: <u>WELL</u>	API Number: <u>045-14679</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>
Facility ID: <u>292324</u>	Type: <u>WELL</u>	API Number: <u>045-14678</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>292325</u>	Type: <u>WELL</u>	API Number: <u>045-14677</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID: <u>413201</u>	Type: <u>WELL</u>	API Number: <u>045-18738</u>	Status: <u>XX</u>	Insp. Status: <u>UN</u>

Facility ID: 413202	Type: WELL	API Number: 045-18736	Status: XX	Insp. Status: UN
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Facility ID: 413203	Type: WELL	API Number: 045-18737	Status: XX	Insp. Status: UN
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Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment:

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location:

Emission Control Burner (ECB): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Active permits on location.

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

Inspector Name: BURGER, CRAIG

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Blankets	Pass	Berms	Pass			
Berms	Pass	Gravel	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____