

**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



DE	ET	OE	ES
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Inspection Date:

08/07/2013

Document Number:

670200744

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>292127</u>	<u>336017</u>	<u>BURGER, CRAIG</u>	<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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Bleil, Robert		rbleil@ursaresources.com	Regulatory & Environmental Manager
Smith, Cody		csmith@ursaresources.com	

Compliance Summary:

QtrQtr: <u>SWNW</u>		Sec: <u>12</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)
04/06/2011	200309457	PR	PR	S			N
10/30/2008	200205843	PR	PR	U			Y

Inspector Comment:

Conductor casings for locations that are status abandoned location are on pad.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
278649	WELL	AL	06/21/2013	LO	045-10905	North Bank E17	<input type="checkbox"/>
282544	WELL	PR	09/21/2012	GW	045-11777	NORTH BANK E1	<input checked="" type="checkbox"/>
292121	WELL	PR	01/24/2008	GW	045-14603	NORTH BANK E5	<input checked="" type="checkbox"/>
292127	WELL	PR	01/25/2008	GW	045-14602	NORTH BANK E3	<input checked="" type="checkbox"/>
292129	WELL	AL	06/21/2013	LO	045-14601	North Bank E7	<input type="checkbox"/>
295545	PIT	CL	03/28/2013		-	NORTH BANK E PAD	<input type="checkbox"/>
295744	WELL	AL	06/21/2013	LO	045-15810	North Bank E11	<input type="checkbox"/>
295745	WELL	PR	04/06/2010	GW	045-15809	NORTH BANK E12	<input checked="" type="checkbox"/>
295746	WELL	AL	06/24/2013	LO	045-15808	North Bank E8	<input type="checkbox"/>
295747	WELL	AL	06/24/2013	LO	045-15807	North Bank E9	<input type="checkbox"/>
295748	WELL	AL	06/24/2013	LO	045-15806	North Bank E2	<input type="checkbox"/>
295749	WELL	AL	06/24/2013	LO	045-15805	North Bank E6	<input type="checkbox"/>
296470	WELL	AL	06/24/2013	LO	045-16046	North Bank E18	<input type="checkbox"/>
296471	WELL	AL	06/24/2013	LO	045-16047	North Bank E19	<input type="checkbox"/>
296472	WELL	AL	06/24/2013	LO	045-16048	North Bank E15	<input type="checkbox"/>
412790	WELL	AL	06/21/2013	LO	045-18611	NORTH BANK E10	<input type="checkbox"/>

412791	WELL	AL	06/21/2013	LO	045-18612	NORTH BANK E13	
412792	WELL	AL	06/21/2013	LO	045-18613	NORTH BANK E14	

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	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**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	1	Satisfactory			
Pig Station	4	Satisfactory			
Gathering Line	1	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Plunger Lift	1	Satisfactory			
Bird Protectors	3	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	3	Satisfactory	descaler units		
Deadman # & Marked	8	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	1000 GAL	STEEL AST	,	
S/U/V:	Satisfactory		Comment: same berm as 300 bbl tanks		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	300 BBLS	STEEL AST	39.541720,-107.732410	
S/U/V:	Satisfactory		Comment: Paint rusted.		
Corrective Action:				Corrective Date:	
Paint					
Condition	Inadequate				
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: 336017

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: 282544 Type: WELL API Number: 045-11777 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Complaint

Comment: Odor complaint in area. No odors detected on location.

Inspector Name: BURGER, CRAIG

Facility ID: 292121 Type: WELL API Number: 045-14603 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 292127 Type: WELL API Number: 045-14602 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 295745 Type: WELL API Number: 045-15809 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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:

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

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: Interim reclamation not performed. Undrilled well permits expired 2010.

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____
Waste Material Onsite? Pass CM _____ CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM _____ CA _____ CA Date _____

Inspector Name: BURGER, CRAIG

Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Fail Production areas stabilized ? _____
1003c. Compacted areas have been cross ripped? _____
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? P _____

Comment: _____

Overall Interim Reclamation Fail

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 ☐

<u>Storm Water:</u>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Drains	Pass	Gravel	Pass			
Blankets	Pass	Ditches	Pass			
Waddles	Pass					

Inspector Name: BURGER, CRAIG

Rip Rap	Pass	Waddles	Pass			
Ditches	Pass	Culverts	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Permit:	Facility ID	Permit Num	Expiration Date
	295545	1433858	
	295545	1433858	