

**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 |
|----|----|----|----|

Inspection Date:

10/10/2013

Document Number:

670200944

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |                      |  |
|---------------------|---------------|---------------|----------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection                         |
|                     | <u>284504</u> | <u>336022</u> | <u>BURGER, CRAIG</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number:

Name of Operator: URSA OPERATING COMPANY LLCAddress: 602 SAWYER STREET #710City: HOUSTON State: TX Zip: 77007

- ☒ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**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: SWSW Sec: 9 Twp: 6S Range: 92W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/03/2013 | 668100192 | PR         | PR          | V                            | F        |                | Y               |
| 05/02/2013 | 670200403 | PR         | WK          | S                            |          |                | N               |
| 01/20/2012 | 663800081 | PR         | PR          | S                            |          |                | N               |
| 06/28/2010 | 200261401 | SR         | PR          | S                            |          |                | N               |
| 06/28/2010 | 200262928 | SR         | PR          | S                            |          |                | N               |
| 02/03/2010 | 200230870 | PR         | PR          | U                            |          |                | Y               |
| 04/22/2007 | 200114072 | PR         | PR          | S                            |          | P              | N               |

**Inspector Comment:**Interim reclamation not performed.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 284504      | WELL | PR     | 06/11/2013  | GW         | 045-12189 | HANGS B1      | PR          | <input checked="" type="checkbox"/> |
| 284505      | WELL | PR     | 06/11/2013  | GW         | 045-12190 | HANGS B3      | PR          | <input checked="" type="checkbox"/> |
| 284506      | WELL | AL     | 01/11/2012  | LO         | 045-12191 | HANGS B4      | AL          | <input type="checkbox"/>            |
| 284507      | WELL | AL     | 01/11/2012  | LO         | 045-12192 | HANGS B5      | AL          | <input type="checkbox"/>            |
| 284533      | WELL | AL     | 01/11/2012  | LO         | 045-12196 | HANGS B2      | AL          | <input type="checkbox"/>            |
| 289329      | WELL | XX     | 03/04/2008  | LO         | 045-13711 | HANGS B8      | AL          | <input type="checkbox"/>            |
| 289330      | WELL | AL     | 01/11/2012  | LO         | 045-13710 | HANGS B7      | AL          | <input type="checkbox"/>            |
| 289331      | WELL | AL     | 01/11/2012  | LO         | 045-13709 | HANGS B9      | AL          | <input type="checkbox"/>            |

**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****Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment                    | Corrective Action                     | CA Date    |
|----------------------|-----------------------------|----------------------------|---------------------------------------|------------|
| TANK LABELS/PLACARDS | Satisfactory                |                            |                                       |            |
| WELLHEAD             | Unsatisfactory              | Sign for Hangs B3 missing. | Install sign to comply with rule 210. | 10/31/2013 |
| BATTERY              | Satisfactory                |                            |                                       |            |

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ 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 |
|-----------------------------|---|-----------------------------|---------------|-------------------|---------|
| Pig Station                 | 1 | Satisfactory                |               |                   |         |
| Compressor                  | 1 | Satisfactory                | portable unit |                   |         |
| Gathering Line              | 1 | Satisfactory                |               |                   |         |
| Plunger Lift                | 2 | Satisfactory                |               |                   |         |
| Emission Control Device     | 1 | Satisfactory                |               |                   |         |
| Bird Protectors             | 3 | Satisfactory                |               |                   |         |
| Gas Meter Run               | 1 | Satisfactory                |               |                   |         |
| Horizontal Heated Separator | 4 | Satisfactory                |               |                   |         |

|                        |                             |                                   |                     |                       |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                |  |
| CONDENSATE             | 2                           | 300 BBLS                          | STEEL AST           | 39.534130,-107.678880 |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:            |                       |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>           |                             |                                   |                     |                       |  |
| Condition              | Adequate                    |                                   |                     |                       |  |
| Other (Content) _____  |                             |                                   |                     |                       |  |
| Other (Capacity) _____ |                             |                                   |                     |                       |  |
| Other (Type) _____     |                             |                                   |                     |                       |  |
| <b>Berms</b>           |                             |                                   |                     |                       |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Metal                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |                             |                                   |                     | Corrective Date       |  |
| Comment                |                             |                                   |                     |                       |  |
| <b>Venting:</b>        |                             |                                   |                     |                       |  |
| Yes/No                 |                             | Comment                           |                     |                       |  |
| NO                     |                             |                                   |                     |                       |  |
| <b>Flaring:</b>        |                             |                                   |                     |                       |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
| Ignitor/Combustor      | Satisfactory                |                                   |                     |                       |  |

**Predrill**

Location ID: 284504

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:****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: 284504 Type: WELL API Number: 045-12189 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 284505 Type: WELL API Number: 045-12190 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

**Environmental****Spills/Releases:**

Inspector Name: BURGER, CRAIG

|                                   |                    |                               |
|-----------------------------------|--------------------|-------------------------------|
| Type of Spill: _____              | Description: _____ | Estimated Spill Volume: _____ |
| Comment: _____                    |                    |                               |
| Corrective Action: _____          |                    | Date: _____                   |
| Reportable: _____                 | GPS: Lat _____     | Long _____                    |
| Proximity to Surface Water: _____ |                    | Depth to Ground Water: _____  |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | Lat _____   | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | _____      |

**Field Parameters:**

Sample Location: \_\_\_\_\_

| <b>Complaint:</b> |          |                 |   |               |
|-------------------|----------|-----------------|---|---------------|
| Tracking Num      | Category | Assigned To     | Description   | Incident Date |
| 200381046         | ODOR     | KELLERBY, SHAUN | Garfield County LGD reported that they had received some odor complaints in the vicinity of the McPherson pad between Rifle and Silt. | 05/31/2013    |

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.

|        |   |          |          |               |
|--------|---|----------|----------|---------------|
| 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? _____                  |                                     |
| 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____ |                                     |
| Cuttings management: _____  |                                     |

Inspector Name: BURGER, CRAIG

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 **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 \_\_\_\_\_

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            |                         |                       |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
| Waddles          | Pass            |                         |                       |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: Location off of paved county road.

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT