

**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:

06/13/2014

Document Number:

675200077

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	335055	335055	CONKLIN, CURTIS	2A Doc Num: _____

Operator Information:OGCC Operator Number: 10447Name 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
Bleil, Rob	970-329-4373	rbleil@ursaresources.com	Ursa Regulatory & Environmental Manager
Kellerby, Shaun		shuan.kellerby@state.co.us	

Compliance Summary:QtrQtr: SENW Sec: 7 Twp: 7S Range: 91W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
268723	WELL	PR	12/05/2003	GW	045-09287	CSF 22C-07-07-91	PR	<input checked="" type="checkbox"/>
279971	WELL	PR	10/13/2011	GW	045-11120	CSF 11B-07-07-91	PR	<input checked="" type="checkbox"/>
279974	WELL	PR	03/11/2009	GW	045-11122	CSF 21B-07-07-91	PR	<input checked="" type="checkbox"/>
283835	WELL	XX	09/06/2011	LO	045-11982	CSF 12A-07-07-91	ND	<input checked="" type="checkbox"/>
283836	WELL	PR	03/01/2012	GW	045-11983	CSF 31B-07-07-91	PR	<input checked="" type="checkbox"/>
283837	WELL	PR	02/21/2012	GW	045-11984	CSF 32B-07-07-91	PR	<input checked="" type="checkbox"/>
298149	WELL	XX	09/06/2011	LO	045-17085	CSF 11A-07-07-91	ND	<input checked="" type="checkbox"/>
298150	WELL	XX	12/11/2012	LO	045-17083	CSF 21A-07-07-91	ND	<input checked="" type="checkbox"/>
298151	WELL	PR	03/01/2012	GW	045-17084	CSF 21C-07-07-91	PR	<input checked="" type="checkbox"/>
298152	WELL	XX	09/06/2011	LO	045-17086	CSF 31A-07-07-91	ND	<input checked="" type="checkbox"/>

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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Operator BMPs to controll weeds along road side evident.		
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Tipped over methanol tank/injection unit and shed. See attached photos.	Upright and secure equipment or remove if not needed.	06/27/2014

Spills:

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

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Panels		
LOCATION	SATISFACTORY	Wire fence		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Veritcal Heater Treater	5	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Foaming Agent		
Plunger Lift	5	ACTION REQUIRED	Audible leak near plunger lift on well 22C-07-07-91	Fix leak	06/16/2014
Deadman # & Marked	5	SATISFACTORY			
Bird Protectors	5	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	400 BBLS	STEEL AST	39.462770,-107.599590	
S/A/V:	SATISFACTORY		Comment: Staining on tanks. See attached photo.		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment: Staining on tanks. See attached photo		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment Same as 400bbl tank					
<u>Venting:</u>					
Yes/No		Comment			
<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335055

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 268723 Type: WELL API Number: 045-09287 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Audible leak near plunger lift.

Facility ID: 279971 Type: WELL API Number: 045-11120 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 279974 Type: WELL API Number: 045-11122 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 283835 Type: WELL API Number: 045-11982 Status: XX Insp. Status: ND

Facility ID: 283836 Type: WELL API Number: 045-11983 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 283837 Type: WELL API Number: 045-11984 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298149 Type: WELL API Number: 045-17085 Status: XX Insp. Status: ND

Facility ID: 298150 Type: WELL API Number: 045-17083 Status: XX Insp. Status: ND

Facility ID: 298151 Type: WELL API Number: 045-17084 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298152 Type: WELL API Number: 045-17086 Status: XX Insp. Status: ND

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): _____

Comment: _____

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

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: _____

Comment: _____

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: _____

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: _____

Inspector Name: CONKLIN, CURTIS

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
Sediment Traps	Pass					
Berms	Pass	Compaction	Pass	MHSP	Pass	
Compaction	Pass	Culverts	Pass	VT	Pass	
Drains	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Gravel	Pass	Rip Rap	Pass			
Rip Rap	Pass					
Seeding	Pass					
Retention Ponds	Pass	Sediment Traps	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
Audible leak near plunger lift on well 22C-07-07-91. Tipped over methanol tank/injection unit and shed. See attached photos.	conklinc	06/13/2014

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
675200078	Methanol Tank	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3365173
675200079	Shed	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3365174
675200080	Tank Staining	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3365175