

**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:  
10/21/2014Document Number:  
666800190Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293336	335551	Murray, Richard	<input type="checkbox"/>	

**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
Younger, Pake	970-329-4385	pyounger@ursaresources.com	
Kellerby, Shaun		shaun.kellerby@state.us.co	
Bleil, Robert		rbleil@ursaresources.com	Regulatory & Environmental Manager

**Compliance Summary:**QtrQtr: SWNW Sec: 17 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/08/2010	200257783	SR	PR	SATISFACTORY			No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293334	WELL	AL	07/17/2014	LO	045-14949	Dever C11	AL	<input checked="" type="checkbox"/>
293335	WELL	XX	08/03/2012	LO	045-14948	Dever C10	XX	<input checked="" type="checkbox"/>
293336	WELL	PR	12/28/2011	GW	045-14947	DEVER C9	PR	<input checked="" type="checkbox"/>
293337	WELL	PR	11/06/2007	GW	045-14946	DEVER C8	PR	<input checked="" type="checkbox"/>
293338	WELL	PR	01/06/2014	GW	045-14945	Dever C7	PR	<input checked="" type="checkbox"/>
293339	WELL	AL	07/17/2014	LO	045-14944	Dever C6	AL	<input checked="" type="checkbox"/>
293340	WELL	AL	07/17/2014	LO	045-14943	Dever C5	AL	<input checked="" type="checkbox"/>
293341	WELL	PR		GW	045-14942	DEVER C4	PR	<input checked="" type="checkbox"/>
293342	WELL	PR	07/11/2013	GW	045-14941	DEVER C3	PR	<input checked="" type="checkbox"/>
293343	WELL	AL	07/17/2014	LO	045-14940	Dever C2	AL	<input checked="" type="checkbox"/>
293344	WELL	XX	08/03/2012	LO	045-14939	Dever C1	XX	<input checked="" type="checkbox"/>
301600	WELL	AL	08/22/2012	LO	045-18204	DEVER C14	AL	<input checked="" type="checkbox"/>
301601	WELL	AL	08/15/2012	LO	045-18205	DEVER C13	AL	<input checked="" type="checkbox"/>
301602	WELL	AL	08/30/2012	LO	045-18206	DEVER C12	AL	<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 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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Steel panel		

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	6	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical unit at wellhead		
Horizontal Heated Separator	6	SATISFACTORY			

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST	,

S/A/V: SATISFACTORY

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

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

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

Paint

Inspector Name: Murray, Richard

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					

<b><u>Venting:</u></b>	
Yes/No	Comment
NO	

<b><u>Flaring:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 293336

**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: 293334 Type: WELL API Number: 045-14949 Status: AL Insp. Status: AL

Facility ID: 293335 Type: WELL API Number: 045-14948 Status: XX Insp. Status: XX

Facility ID: 293336 Type: WELL API Number: 045-14947 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293337 Type: WELL API Number: 045-14946 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293338	Type: WELL	API Number: 045-14945	Status: PR	Insp. Status: PR
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**Producing Well**

Comment: Plunger lift

Facility ID: 293339	Type: WELL	API Number: 045-14944	Status: AL	Insp. Status: AL
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Facility ID: 293340	Type: WELL	API Number: 045-14943	Status: AL	Insp. Status: AL
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Facility ID: 293341	Type: WELL	API Number: 045-14942	Status: PR	Insp. Status: PR
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**Producing Well**

Comment: Plunger lift

Facility ID: 293342	Type: WELL	API Number: 045-14941	Status: PR	Insp. Status: PR
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**Producing Well**

Comment: Plunger lift

Facility ID: 293343	Type: WELL	API Number: 045-14940	Status: AL	Insp. Status: AL
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Facility ID: 293344	Type: WELL	API Number: 045-14939	Status: XX	Insp. Status: XX
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Facility ID: 301600	Type: WELL	API Number: 045-18204	Status: AL	Insp. Status: AL
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Facility ID: 301601	Type: WELL	API Number: 045-18205	Status: AL	Insp. Status: AL
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Facility ID: 301602	Type: WELL	API Number: 045-18206	Status: AL	Insp. Status: AL
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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:**

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: \_\_\_\_\_

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 \_\_\_\_\_

Inspector Name: Murray, Richard

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

S/A/V: \_\_\_\_\_

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

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

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

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