

**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:
666800195Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	289040	311676	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: SWSE Sec: 18 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)
12/09/2010	200295556	ER	PR	SATISFACTORY			No
12/09/2010	200286842	ER	PR	SATISFACTORY			No
04/09/2010	200259574	PR	PR	ACTION REQUIRED			Yes
07/08/2007	200118977	DG	ND	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
284376	WELL	PR	03/11/2007	GW	045-12159	DEVER A3	PR	X
284377	WELL	PR	08/23/2011	GW	045-12158	DEVER A2	PR	X
284378	WELL	PR	11/22/2006	GW	045-12157	DEVER A1	PR	X
284379	WELL	AL	01/02/2014	LO	045-12156	DEV ER A17	AL	X
288800	WELL	AL	01/02/2014	LO	045-13572	DEVER A11	AL	X
288802	WELL	AL	01/02/2014	LO	045-13570	DEVER A7	AL	X
288803	WELL	PR	04/05/2008	GW	045-13571	DEVER A12	PR	X
289034	WELL	PR	11/20/2007	GW	045-13635	DEVER A9	PR	X
289035	WELL	PR	11/20/2007	GW	045-13634	DEVER A8	PR	X
289036	WELL	PR	01/23/2009	GW	045-13633	DEVER A6	PR	X
289037	WELL	XX	08/01/2012	LO	045-13632	Dever A5	XX	X

Inspector Name: Murray, Richard

289038	WELL	XX	08/01/2012	LO	045-13631	Dever A14	XX	<input checked="" type="checkbox"/>
289039	WELL	PR	01/22/2007	GW	045-13630	DEVER A13	PR	<input checked="" type="checkbox"/>
289040	WELL	PR	01/26/2009	GW	045-13629	DEVER A10	PR	<input checked="" type="checkbox"/>
292451	WELL	AL	12/29/2011	LO	045-14723	DEVER A15	AL	<input checked="" type="checkbox"/>
294072	WELL	PR	12/24/2007	GW	045-15232	DEVER A16	PR	<input checked="" type="checkbox"/>
294322	WELL	AL	01/02/2014	LO	045-15376	DEVER A18	AL	<input checked="" type="checkbox"/>
295547	PIT	CL	08/02/2013		-	DEVER A PAD	CL	<input 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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	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
Emission Control Device	1	SATISFACTORY			
Plunger Lift	10	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: Murray, Richard

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.521500,-107.708870
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Centralized battery	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 289040

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: 284376 Type: WELL API Number: 045-12159 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284377 Type: WELL API Number: 045-12158 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284378 Type: WELL API Number: 045-12157 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284379	Type: WELL	API Number: 045-12156	Status: AL	Insp. Status: AL
Facility ID: 288800	Type: WELL	API Number: 045-13572	Status: AL	Insp. Status: AL
Facility ID: 288802	Type: WELL	API Number: 045-13570	Status: AL	Insp. Status: AL
Facility ID: 288803	Type: WELL	API Number: 045-13571	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 289034	Type: WELL	API Number: 045-13635	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 289035	Type: WELL	API Number: 045-13634	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 289036	Type: WELL	API Number: 045-13633	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 289037	Type: WELL	API Number: 045-13632	Status: XX	Insp. Status: XX
Facility ID: 289038	Type: WELL	API Number: 045-13631	Status: XX	Insp. Status: XX
Facility ID: 289039	Type: WELL	API Number: 045-13630	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 289040	Type: WELL	API Number: 045-13629	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292451	Type: WELL	API Number: 045-14723	Status: AL	Insp. Status: AL
Facility ID: 294072	Type: WELL	API Number: 045-15232	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 294322	Type: WELL	API Number: 045-15376	Status: AL	Insp. Status: AL
Environmental				
Spills/Releases:				
Type of Spill:	Description:		Estimated Spill Volume:	

Inspector Name: Murray, Richard

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: _____

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 _____

Inspector Name: Murray, Richard

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 _____

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

Permit:	Facility ID	Permit Num	Expiration Date
	295547	1433860	
	295547	1433860	