

**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

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Inspection Date:

04/17/2015

Document Number:

666800883

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	288635	335534	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
Knudson, Dwayne	970-372-5706	dknudson@ursaresources.com	

Compliance Summary:QtrQtr: NWNE Sec: 15 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)
05/31/2013	670200517	PR	PR	SATISFACTORY			No
07/29/2011	200318757	PR	PR	SATISFACTORY			No
07/19/2011	200315631	PR	PR	ACTION REQUIRED			Yes
12/11/2010	200290404	PR	PR	ACTION REQUIRED			No
08/18/2010	200267234	PR	PR	SATISFACTORY			Yes
07/03/2007	200114148	CO	WO	SATISFACTORY	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159299	UIC DISPOSAL	AC	07/02/2009		-	VALLEY FARMS D3 WATER DISPOSAL	AC	<input type="checkbox"/>
284082	WELL	AL	09/12/2014	LO	045-12084	Valley Farms D2	AL	<input checked="" type="checkbox"/>
284083	WELL	PR	11/21/2009	GW	045-12083	VALLEY FARMS D1	PR	<input checked="" type="checkbox"/>
284084	WELL	SI	07/14/2014	GW	045-12082	VALLEY FARMS D3	SI	<input type="checkbox"/>
288635	WELL	PR	06/25/2013	GW	045-13298	VALLEY FARMS D10	PR	<input checked="" type="checkbox"/>
288636	WELL	AL	09/12/2014	LO	045-13297	Valley Farms D12	AL	<input checked="" type="checkbox"/>
290434	WELL	PR	06/25/2013	GW	045-14109	VALLEY FARMS D13	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

301937	WELL	AL	09/12/2014	LO	045-18331	Valley Farms D14	AL	<input checked="" type="checkbox"/>
301938	WELL	AL	09/12/2014	LO	045-18332	Valley Farms D11	AL	<input checked="" type="checkbox"/>
301939	WELL	AL	09/12/2014	LO	045-18333	Valley Farms D9	AL	<input checked="" type="checkbox"/>
301940	WELL	AL	09/12/2014	LO	045-18334	Valley Farms D8	AL	<input checked="" type="checkbox"/>
301941	WELL	AL	10/01/2013	LO	045-18335	Valley Farms D7	AL	<input checked="" type="checkbox"/>
301942	WELL	AL	10/01/2013	LO	045-18336	Valley Farms D6	AL	<input checked="" type="checkbox"/>
301943	WELL	AL	09/12/2014	LO	045-18337	Valley Farms D5	AL	<input checked="" type="checkbox"/>
301944	WELL	AL	09/12/2014	LO	045-18338	Valley Farms D4	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 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
BATTERY	SATISFACTORY	AIRS ID 045-1436-001		

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?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	Hay bail sound wall		
Plunger Lift	3	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Other	1	SATISFACTORY	Injection well equipment		

Inspector Name: Murray, Richard

Emission Control Device	1	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical unit at wellhead, Dumpster with EPA filter socks		

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 288635

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:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: 284082 Type: WELL API Number: 045-12084 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 284083 Type: WELL API Number: 045-12083 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288635 Type: WELL API Number: 045-13298 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288636 Type: WELL API Number: 045-13297 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 290434 Type: WELL API Number: 045-14109 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 301937 Type: WELL API Number: 045-18331 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 301938 Type: WELL API Number: 045-18332 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 301939 Type: WELL API Number: 045-18333 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

Facility ID: 301940 Type: WELL API Number: 045-18334 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

Facility ID: 301941 Type: WELL API Number: 045-18335 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

Facility ID: 301942 Type: WELL API Number: 045-18336 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

Facility ID: 301943 Type: WELL API Number: 045-18337 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

Facility ID: 301944 Type: WELL API Number: 045-18338 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visal sign of well**

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? 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? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass _____ Production areas stabilized ? Pass _____

1003c. Compacted areas have been cross ripped? Pass _____

1003d. Drilling pit closed? Pass _____ 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
Berms	Pass					
Blankets	Pass					
Culverts	Pass					
		Culverts	Pass			
Gravel	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT