

**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:

04/20/2015

Document Number:

668402856

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 284084 | 335534 | BROWNING, CHUCK | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 1050 17TH STREET #2400City: DENVER State: CO Zip: 80265

- ☐ 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 | Regulatory & Environmental Manager |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:

| QtrQtr: | NENW | 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) |
| 03/21/2014 | 668401928 | SI | AC | SATISFACTORY | P | | No |
| 06/29/2012 | 663800406 | IJ | AC | SATISFACTORY | | | No |
| 07/19/2011 | 200315604 | RT | AC | SATISFACTORY | | | No |
| 12/13/2010 | 200287487 | MI | AC | SATISFACTORY | | | No |
| 12/11/2010 | 200290400 | SR | AC | ACTION REQUIRED | | | No |
| 08/17/2010 | 200267230 | RT | AC | SATISFACTORY | | | No |
| 07/03/2007 | 200114146 | CO | WO | SATISFACTORY | I | Pass | No |
| 02/01/2007 | 200108080 | DG | ND | SATISFACTORY | | Pass | No |

Inspector Comment:UIC - Routine inspection.Well Needs MIT by 12/13/2015**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 | IO | <input checked="" type="checkbox"/> |
| 284082 | WELL | AL | 09/12/2014 | LO | 045-12084 | Valley Farms D2 | AL | <input 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 checked="" type="checkbox"/> |
| 288635 | WELL | PR | 06/25/2013 | GW | 045-13298 | VALLEY FARMS D10 | PR | <input checked="" type="checkbox"/> |

Inspector Name: BROWNING, CHUCK

| | | | | | | | | |
|--------|------|----|------------|----|-----------|------------------|----|-------------------------------------|
| 288636 | WELL | AL | 09/12/2014 | LO | 045-13297 | Valley Farms D12 | AL | <input type="checkbox"/> |
| 290434 | WELL | PR | 06/25/2013 | GW | 045-14109 | VALLEY FARMS D13 | PR | <input checked="" type="checkbox"/> |
| 301937 | WELL | AL | 09/12/2014 | LO | 045-18331 | Valley Farms D14 | AL | <input type="checkbox"/> |
| 301938 | WELL | AL | 09/12/2014 | LO | 045-18332 | Valley Farms D11 | AL | <input type="checkbox"/> |
| 301939 | WELL | AL | 09/12/2014 | LO | 045-18333 | Valley Farms D9 | AL | <input type="checkbox"/> |
| 301940 | WELL | AL | 09/12/2014 | LO | 045-18334 | Valley Farms D8 | AL | <input type="checkbox"/> |
| 301941 | WELL | AL | 10/01/2013 | LO | 045-18335 | Valley Farms D7 | AL | <input type="checkbox"/> |
| 301942 | WELL | AL | 10/01/2013 | LO | 045-18336 | Valley Farms D6 | AL | <input type="checkbox"/> |
| 301943 | WELL | AL | 09/12/2014 | LO | 045-18337 | Valley Farms D5 | AL | <input type="checkbox"/> |
| 301944 | WELL | AL | 09/12/2014 | LO | 045-18338 | Valley Farms D4 | 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 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: _____ |

LocationLease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY | | | |
| Main | SATISFACTORY | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| WELLHEAD | 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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

| Fencing/: | | | | |
|------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| LOCATION | SATISFACTORY | | | |

| Venting: | | |
|-----------------|---------|--|
| Yes/No | Comment | |
| NO | | |

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

Predrill

Location ID: 284084

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: 159299 Type: UIC API Number: - Status: AC Insp. Status: IO

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 3847

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC - Routine inspection. Pumps not running.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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

Producing Well

Comment: PLunger Lift

Facility ID: 284084 Type: WELL API Number: 045-12082 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 350 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: COZZ

TC: Pressure or inches of Hg 1686 _____ Previous Test Pressure _____ Last MIT: 12/13/2010

Brhd: Pressure or inches of Hg 80 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC - Routine inspection. Well shut in. No production/injection reported since Jan 2015.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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

Producing Well

Comment: PLunger Lift

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

Producing Well

Comment: PLunger Lift

Environmental**Spills/Releases:**

Inspector Name: BROWNING, CHUCK

| | | |
|--|------------------------------|-------------------------------|
| Type of Spill: _____ | Description: _____ | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| 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

Inspector Name: BROWNING, CHUCK

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation _____ Pass _____

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 | Gravel | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR _____ Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT