

**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 |
|----|----|----|----|
|----|----|----|----|

Inspection Date:  
04/21/2015Document Number:  
666800896Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 292287      | 335546 | Murray, Richard | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 10447

Name of Operator: URSA OPERATING COMPANY LLC

Address: 602 SAWYER STREET #710

City: 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: <u>SENE</u> |           | Sec: <u>17</u> | Twp: <u>6S</u> | Range: <u>92W</u>             |          |                |                 |
| Insp. Date          | Doc Num   | Insp. Type     | Insp Status    | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 12/12/2010          | 200291130 | PR             | PR             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

Action required items noted in previous inspection have been satisfied

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 292287      | WELL | PR     | 09/17/2007  | GW         | 045-14673 | ROBINSON C 13 | PR          | <input checked="" type="checkbox"/> |
| 292288      | WELL | PR     | 09/07/2011  | GW         | 045-14672 | Robinson C4   | PR          | <input checked="" type="checkbox"/> |
| 292289      | WELL | PR     | 09/17/2007  | GW         | 045-14671 | ROBINSON C7   | PR          | <input checked="" type="checkbox"/> |
| 292290      | WELL | PR     | 09/18/2007  | GW         | 045-14670 | ROBINSON C14  | PR          | <input checked="" type="checkbox"/> |
| 292291      | WELL | PR     | 01/17/2012  | GW         | 045-14669 | Robinson C11  | PR          | <input checked="" type="checkbox"/> |
| 292292      | WELL | PR     | 01/17/2012  | GW         | 045-14668 | Robinson C9   | PR          | <input checked="" type="checkbox"/> |
| 292293      | WELL | PR     | 01/17/2012  | GW         | 045-14667 | Robinson C1   | PR          | <input checked="" type="checkbox"/> |
| 292294      | WELL | PR     | 03/01/2013  | GW         | 045-14666 | ROBINSON C5   | SI          | <input checked="" type="checkbox"/> |
| 298259      | WELL | PR     | 06/22/2012  | GW         | 045-17104 | Robinson C12  | PR          | <input checked="" type="checkbox"/> |
| 298260      | WELL | PR     | 01/15/2013  | GW         | 045-17105 | Robinson C3   | PR          | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

|        |      |    |            |    |           |              |    |                                     |
|--------|------|----|------------|----|-----------|--------------|----|-------------------------------------|
| 298261 | WELL | PR | 06/26/2012 | GW | 045-17106 | Robinson C6  | PR | <input checked="" type="checkbox"/> |
| 298262 | WELL | PR | 09/05/2011 | GW | 045-17107 | Robinson C8  | PR | <input checked="" type="checkbox"/> |
| 298263 | WELL | PR | 06/26/2012 | GW | 045-17108 | Robinson C2  | PR | <input checked="" type="checkbox"/> |
| 298264 | WELL | PR | 06/26/2012 | GW | 045-17109 | Robinson C10 | PR | <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 |
|---------|------------------------------|-------------------------|-------------------|---------|
| BATTERY | SATISFACTORY                 | AIRS ID<br>045/1801/002 |                   |         |

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

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

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

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

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Equipment:**

| Type                        | #  | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|----|------------------------------|---------|-------------------|---------|
| Pig Station                 | 1  | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 16 | SATISFACTORY                 |         |                   |         |
| Plunger Lift                | 13 | SATISFACTORY                 |         |                   |         |
| Ancillary equipment         | 0  | SATISFACTORY                 |         |                   |         |
| Gas Meter Run               | 1  | SATISFACTORY                 |         |                   |         |

**Venting:**

|        |         |
|--------|---------|
| Yes/No | Comment |
| NO     |         |

**Flaring:**

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

**Predrill**

Location ID: 292287

**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: 292287 Type: WELL API Number: 045-14673 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 292288 Type: WELL API Number: 045-14672 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 292289 Type: WELL API Number: 045-14671 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

|   |            |                       |            |                  |
|---|------------|-----------------------|------------|------------------|
| Facility ID: 292290   | Type: WELL | API Number: 045-14670 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 292291   | Type: WELL | API Number: 045-14669 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 292292   | Type: WELL | API Number: 045-14668 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 292293   | Type: WELL | API Number: 045-14667 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 292294   | Type: WELL | API Number: 045-14666 | Status: PR | Insp. Status: SI |
| <b>Idle Well</b>  |            |                       |            |                  |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____ |            |                       |            |                  |
| S/A/V: SATISFACTORY CA Date: _____  |            |                       |            |                  |
| CA: _____   |            |                       |            |                  |
| Comment: MIT performed 3-15-2011  |            |                       |            |                  |
| Facility ID: 298259   | Type: WELL | API Number: 045-17104 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 298260   | Type: WELL | API Number: 045-17105 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 298261   | Type: WELL | API Number: 045-17106 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 298262   | Type: WELL | API Number: 045-17107 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 298263   | Type: WELL | API Number: 045-17108 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>   |            |                       |            |                  |
| Comment: Plunger lift   |            |                       |            |                  |
| Facility ID: 298264   | Type: WELL | API Number: 045-17109 | Status: PR | Insp. Status: PR |

**Producing Well**Comment: **Plunger lift****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? 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? \_\_\_\_\_

Inspector Name: Murray, Richard

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: \_\_\_\_\_

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            |                         |                       |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Seeding          | Pass            |                         |                       |               |                          |         |
| Slope Roughening | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |

S/A/V: SATISFACTOR \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Y

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

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

|   |  |
|---|--|
| <b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT |  |
|---|--|