

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:
05/26/2015

Document Number:
666800998

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>280074</u>	<u>311643</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10447</u>
Name of Operator:	<u>URSA OPERATING COMPANY LLC</u>
Address:	<u>602 SAWYER STREET #710</u>
City:	<u>HOUSTON TX</u> State: <u>TX</u> Zip: <u>77007</u>

- 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:

Qtr	Qtr	Sec	Twp	Range
SENE		16	6S	92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/09/2010	200245811	PR	PR	SATISFACTORY			No
07/03/2008	200192025	PR	PR	SATISFACTORY			No
12/26/2007	200124838	PR	PR	ACTION REQUIRED	I		Yes
12/25/2007	200124830	PR	PR	ACTION REQUIRED	I		Yes
12/25/2007	200124130	PR	PR	ACTION REQUIRED	I		Yes
10/25/2007	200124678	PR	SI	ACTION REQUIRED	I		Yes
07/03/2007	200114113	CO	PR	SATISFACTORY	I	Pass	No
06/04/2007	200113043	CO	PR	ACTION REQUIRED	I	Fail	Yes
01/04/2006	200086839	DG	DG	SATISFACTORY		Pass	No
09/22/2005	200081839	DG	ND	SATISFACTORY		Pass	No

Inspector Comment:

Action required items noted in previous inspction have been satisfied

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
280074	WELL	PR	12/14/2005	GW	045-11173	VALLEY FARMS B1	PR	<input checked="" type="checkbox"/>
280352	WELL	PR	06/01/2006	GW	045-11243	VALLEY FARMS B2	PR	<input checked="" type="checkbox"/>
283980	WELL	PR	03/30/2012	GW	045-12055	VALLEY FARMS B6	PR	<input checked="" type="checkbox"/>
283984	WELL	PR	03/27/2010	GW	045-12061	VALLEY FARMS B3	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

283985	WELL	PR	12/22/2006	GW	045-12060	VALLEY FARMS B5	PR	<input checked="" type="checkbox"/>
283987	WELL	PR	06/30/2006	GW	045-12062	VALLEY FARMS B4	PR	<input checked="" type="checkbox"/>
284240	WELL	PR	04/13/2006	GW	045-12118	VALLEY FARMS B7	PR	<input checked="" type="checkbox"/>
284254	WELL	PR		GW	045-12119	VALLEY FARMS B8	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 045-1434-001		

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
Horizontal Heated Separator	8	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Plunger Lift	7	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 280074

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 280074 Type: WELL API Number: 045-11173 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 280352 Type: WELL API Number: 045-11243 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 283980 Type: WELL API Number: 045-12055 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 283984 Type: WELL API Number: 045-12061 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283985 Type: WELL API Number: 045-12060 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283987 Type: WELL API Number: 045-12062 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284240 Type: WELL API Number: 045-12118 Status: PR Insp. Status: PR

Producing Well

Comment: Producing

Facility ID: 284254 Type: WELL API Number: 045-12119 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? _____
 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: _____

Inspector Name: Murray, Richard

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
		Culverts	Pass			
		Gravel	Pass			
Slope Roughening	Pass					
Gravel	Pass					
Seeding	Pass					
Berms	Pass					
		Ditches	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT