

**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:

06/08/2015

Document Number:

668403085

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: 792 BUCKHORN DRCity: RIFLE State: CO Zip: 81650

- ☐ 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
Knudson, Dwayne	970-372-5706	dknudson@ursaresources.com	Senior Environmental Specialist - Piceance
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)
04/20/2015	668402856	SI	SI	SATISFACTORY	P		No
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-5 yr MIT.**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 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 type="checkbox"/>

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284084	WELL	SI	04/13/2015	GW	045-12082	VALLEY FARMS D3	AC	<input checked="" type="checkbox"/>
288635	WELL	PR	06/25/2013	GW	045-13298	VALLEY FARMS D10	PR	<input type="checkbox"/>
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 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: _____

**Location****Lease Road:**

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

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

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

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

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

**Spills:**

Inspector Name: BROWNING, CHUCK

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
<b>Venting:</b>				
Yes/No	Comment			
NO				
<b>Flaring:</b>				
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: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: 3847

**UIC Routine**

Inj./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-5 yr MIT.

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) \_\_\_\_\_ Inj Zone: COZZ

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 12/13/2010

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 2217 Csg psi: 3912 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.

Pressure well to 3912 psi. Hold for 15 min. Final pressure 3900 psi. -12 psi loss. OK

**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:**

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

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 \_\_\_\_\_

**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 \_\_\_\_\_

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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:	<div></div>		
Corrective Action:	<div></div>	Date _____	
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>	

<b>Storm Water:</b>						
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 Y _____						
Corrective Date: _____						
Comment: <div></div>						
CA: <div></div>						
<b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT						