

**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:
09/09/2015Document Number:
666801407Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	298151	335055	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: SENW Sec: 7 Twp: 7S Range: 91W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
268723	WELL	PR	12/05/2003	GW	045-09287	CSF 22C-07-07-91	PR	<input checked="" type="checkbox"/>
279971	WELL	PR	10/13/2011	GW	045-11120	CSF 11B-07-07-91	PR	<input checked="" type="checkbox"/>
279974	WELL	PR	03/11/2009	GW	045-11122	CSF 21B-07-07-91	PR	<input checked="" type="checkbox"/>
283835	WELL	XX	09/06/2011	LO	045-11982	CSF 12A-07-07-91	XX	<input type="checkbox"/>
283836	WELL	PR	03/01/2012	GW	045-11983	CSF 31B-07-07-91	PR	<input checked="" type="checkbox"/>
283837	WELL	PR	02/21/2012	GW	045-11984	CSF 32B-07-07-91	PR	<input checked="" type="checkbox"/>
298149	WELL	XX	09/06/2011	LO	045-17085	CSF 11A-07-07-91	XX	<input type="checkbox"/>
298150	WELL	XX	12/11/2012	LO	045-17083	CSF 21A-07-07-91	XX	<input type="checkbox"/>
298151	WELL	PR	03/01/2012	GW	045-17084	CSF 21C-07-07-91	PR	<input checked="" type="checkbox"/>
298152	WELL	XX	09/06/2011	LO	045-17086	CSF 31A-07-07-91	XX	<input type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Murray, Richard

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			

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
Horizontal Heated Separator	2	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			
Vertical Heated Separator	5	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical unit		

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 298151

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: 268723 Type: WELL API Number: 045-09287 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 279971 Type: WELL API Number: 045-11120 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 279974 Type: WELL API Number: 045-11122 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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Facility ID: 283836 Type: WELL API Number: 045-11983 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283837 Type: WELL API Number: 045-11984 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298151 Type: WELL API Number: 045-17084 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): N

Comment:

Pilot: 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 Date
Waste Material Onsite? Pass CM CA Date
Unused or unneeded equipment onsite? Pass CM CA Date
Pit, cellars, rat holes and other bores closed? Pass CM

Inspector Name: Murray, Richard

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? _____ 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? _____

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
Rip Rap	Pass					
Seeding	Pass					

Inspector Name: Murray, Richard

		Culverts	Pass			
Ditches	Pass					
		Ditches	Pass			
Slope Roughening	Pass					
		Gravel	Pass			
Waddles	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT