

**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

Inspection Date:

04/05/2016

Document Number:

666802049

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	279971	335055	Murray, Richard	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 1050 17TH STREET #1700City: 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
Freeman, Sarah		sarah.freeman@state.co.us	
Knudson, Dwayne	970-456-3335	dknudson@ursaresources.com	All Inspections

**Compliance Summary:**QtrQtr: SENW Sec: 7 Twp: 7S Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/13/2008	200193718	PR	PR	SATISFACTORY			No

**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	AL	09/06/2011	LO	045-11982	CSF 12A-07-07-91	AL	<input checked="" type="checkbox"/>
283836	WELL	PR	03/01/2012	GW	045-11983	CSF 31B-07-07-91	SI	<input type="checkbox"/>
283837	WELL	PR	02/21/2012	GW	045-11984	CSF 32B-07-07-91	PR	<input checked="" type="checkbox"/>
298149	WELL	AL	09/06/2011	LO	045-17085	CSF 11A-07-07-91	AL	<input checked="" type="checkbox"/>
298150	WELL	XX	12/11/2012	LO	045-17083	CSF 21A-07-07-91	XX	<input checked="" 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 checked="" 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

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-1781-001		

Emergency Contact Number (S/AR): SATISFACTORY

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

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

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

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT		Chemical unit at separators		

**Spills:**

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

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Equipment:**

Type: Ancillary equipment	# 0	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required: SATISFACTORY

Inspector Name: Murray, Richard

Comment			
Corrective Action		Date:	
Type: Vertical Heated Separator	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Centralized battery
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				

Corrective Action			Corrective Date
Comment			

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.462903,-107.599517

S/AR	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action			Corrective Date
Comment			

**Venting:**

Yes/No	NO
--------	----

Comment

**Flaring:**

Type	Satisfactory/Action Required		
Comment:			
Corrective Action:		Correct Action Date:	

**Predrill**

Location ID: 279971

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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**Facility ID: 283835 Type: WELL API Number: 045-11982 Status: AL Insp. Status: AL**Workover**Comment: **Conductor pipe set**Facility ID: 283837 Type: WELL API Number: 045-11984 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298149 Type: WELL API Number: 045-17085 Status: AL Insp. Status: AL**Workover**Comment: **Conductor pipe set**Facility ID: 298150 Type: WELL API Number: 045-17083 Status: XX Insp. Status: XX**Workover**Comment: **Drilling permit expired 1/3/2015, Action required to update well status. Conductor pipe set**Facility ID: 298151 Type: WELL API Number: 045-17084 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing**Facility ID: 298152 Type: WELL API Number: 045-17086 Status: XX Insp. Status: XX**Workover**Comment: **Form 4 on file Document number 400512439 to change well status to Abandoned Location, Conductor pipe set****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: \_\_\_\_\_

Inspector Name: Murray, Richard

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. Waste and Debris removed? Pass

CM

CA CA Date

Unused or unneeded equipment onsite? In

CM

CA CA Date

Pit, cellars, rat holes and other bores closed? Pass

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?

Comment:

Overall Interim Reclamation

#### Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: Date Final Reclamation Completed:

Final Land Use:

Reminder:

Comment:

Inspector Name: Murray, Richard

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 <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
Waddles	Pass					
		Retention Ponds	Pass			
Rip Rap	Pass					
Gravel	Pass					
		Culverts	Pass			
		Ditches	Pass			
Seeding	Pass					

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

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

Pits: ☒ NO SURFACE INDICATION OF PIT