

**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:

05/04/2016

Document Number:

666802111

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 289035 | 311676 | 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 |
|-----------------|--------------|----------------------------|-----------------|
| Knudson, Dwayne | 970-456-3335 | dknudson@ursaresources.com | All Inspections |

Compliance Summary:QtrQtr: SWSE Sec: 18 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/03/2013 | 670200925 | PR | PR | SATISFACTORY | | | No |
| 12/09/2010 | 200286845 | ER | PR | SATISFACTORY | | | No |
| 12/09/2010 | 200295563 | ER | PR | SATISFACTORY | | | No |
| 04/09/2010 | 200259578 | PR | PR | SATISFACTORY | | | Yes |
| 07/08/2007 | 200119131 | DG | ND | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 284376 | WELL | PR | 03/11/2007 | GW | 045-12159 | DEVER A3 | PR | <input checked="" type="checkbox"/> |
| 284377 | WELL | PR | 08/23/2011 | GW | 045-12158 | DEVER A2 | PR | <input checked="" type="checkbox"/> |
| 284378 | WELL | PR | 11/22/2006 | GW | 045-12157 | DEVER A1 | PR | <input checked="" type="checkbox"/> |
| 284379 | WELL | AL | 01/02/2014 | LO | 045-12156 | DEV ER A17 | AL | <input type="checkbox"/> |
| 288800 | WELL | AL | 01/02/2014 | LO | 045-13572 | DEVER A11 | AL | <input type="checkbox"/> |
| 288802 | WELL | AL | 01/02/2014 | LO | 045-13570 | DEVER A7 | AL | <input type="checkbox"/> |
| 288803 | WELL | PR | 04/05/2008 | GW | 045-13571 | DEVER A12 | PR | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

| | | | | | | | | |
|--------|------|----|------------|----|-----------|-------------|----|-------------------------------------|
| 289034 | WELL | PR | 11/20/2007 | GW | 045-13635 | DEVER A9 | PR | <input checked="" type="checkbox"/> |
| 289035 | WELL | PR | 11/20/2007 | GW | 045-13634 | DEVER A8 | PR | <input checked="" type="checkbox"/> |
| 289036 | WELL | PR | 01/23/2009 | GW | 045-13633 | DEVER A6 | PR | <input checked="" type="checkbox"/> |
| 289037 | WELL | XX | 08/01/2012 | LO | 045-13632 | Dever A5 | XX | <input checked="" type="checkbox"/> |
| 289038 | WELL | XX | 08/01/2012 | LO | 045-13631 | Dever A14 | XX | <input checked="" type="checkbox"/> |
| 289039 | WELL | PR | 01/22/2007 | GW | 045-13630 | DEVER A13 | PR | <input checked="" type="checkbox"/> |
| 289040 | WELL | PR | 01/26/2009 | GW | 045-13629 | DEVER A10 | PR | <input checked="" type="checkbox"/> |
| 292451 | WELL | AL | 12/29/2011 | LO | 045-14723 | DEVER A15 | AL | <input type="checkbox"/> |
| 294072 | WELL | PR | 12/24/2007 | GW | 045-15232 | DEVER A16 | PR | <input checked="" type="checkbox"/> |
| 294322 | WELL | AL | 01/02/2014 | LO | 045-15376 | DEVER A18 | AL | <input type="checkbox"/> |
| 295547 | PIT | CL | 08/02/2013 | | - | DEVER A PAD | CL | <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 |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------------|------------------------------|----------------------|-------------------|---------|
| CONTAINERS | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | AIRS ID 045-1427-001 | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

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

| | | | | |
|--|------------------------------|-------------------------------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |
| Fencing/: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |
| Equipment: | | | | |
| Type: Gas Meter Run | # 0 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Horizontal Heated Separator | # 12 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Emission Control Device | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Pig Station | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Venting: | | | | |
| Yes/No | NO | | | |
| Comment | | | | |
| Flaring: | | | | |
| Type | | Satisfactory/Action Required | | |
| Comment: | | | | |
| Corrective Action: | | Correct Action Date: | | |

Predrill

Location ID: 289035

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: 284376 Type: WELL API Number: 045-12159 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284377 Type: WELL API Number: 045-12158 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284378 Type: WELL API Number: 045-12157 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288803 Type: WELL API Number: 045-13571 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**Facility ID: 289034 Type: WELL API Number: 045-13635 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 289035 Type: WELL API Number: 045-13634 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 289036 Type: WELL API Number: 045-13633 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 289037 Type: WELL API Number: 045-13632 Status: XX Insp. Status: XX**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: **Drilling permit expired 9/2014**Facility ID: 289038 Type: WELL API Number: 045-13631 Status: XX Insp. Status: XX**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: **Drilling permit expired 9/2014**Facility ID: 289039 Type: WELL API Number: 045-13630 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 289040 Type: WELL API Number: 045-13629 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 294072 Type: WELL API Number: 045-15232 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift****Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: Murray, Richard

| | | | |
|--|--|------------------------------|-------------|
| 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. Waste and Debris removed? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Unused or unneeded equipment onsite? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> | |
| 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 | |
| <u>Cropland</u> | |
| Top soil replaced _____ | Recontoured _____ Perennial forage re-established _____ |
| <u>Non-Cropland</u> | |

Inspector Name: Murray, Richard

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Drains | Pass | | | | | |
| Berms | Pass | | | | | |
| Seeding | | | | | | |
| | | Ditches | Pass | | | |
| | | Gravel | Pass | | | |
| Gravel | Pass | | | | | |
| | | | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|---------------------------------|---------|------------|
| Safety meeting held on location | murrayr | 05/04/2016 |