

**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:

06/07/2016

Document Number:

666802236

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	283411	311651	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: NWNW Sec: 13 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/10/2010	200287150	PR	PR	SATISFACTORY			No
06/08/2010	200254310	SR	PR	SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283411	WELL	PR	10/25/2006	GW	045-11917	SNYDER A 1	PR	<input checked="" type="checkbox"/>
285152	WELL	PR	06/05/2007	GW	045-12398	SNYDER A10	PR	<input checked="" type="checkbox"/>
285153	WELL	PR	10/13/2011	GW	045-12397	SNYDER A3	PR	<input checked="" type="checkbox"/>
285154	WELL	PR	06/05/2007	GW	045-12396	SNYDER A4	PR	<input checked="" type="checkbox"/>
285155	WELL	PR	12/11/2007	GW	045-12395	SNYDER A5	PR	<input checked="" type="checkbox"/>
285156	WELL	PR	10/01/2012	GW	045-12394	SNYDER A9	PR	<input checked="" type="checkbox"/>
289759	WELL	XX	09/26/2011	LO	045-13874	Snyder A2	XX	<input type="checkbox"/>
289760	WELL	XX	09/26/2011	LO	045-13873	Snyder A8	XX	<input type="checkbox"/>
289761	WELL	PR	11/04/2011	GW	045-13872	SNYDER A7	PR	<input checked="" type="checkbox"/>

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289762	WELL	XX	09/26/2011	LO	045-13871	Snyder A6	XX	<input type="checkbox"/>
290978	WELL	PR	03/30/2012	GW	045-14241	SNYDER A11	PR	<input checked="" type="checkbox"/>
292322	WELL	XX	08/28/2009	GW	045-14680	Snyder A15	XX	<input type="checkbox"/>
292323	WELL	XX	09/26/2011	LO	045-14679	Snyder A14	XX	<input type="checkbox"/>
292324	WELL	PR	09/19/2007	GW	045-14678	SNYDER A13	PR	<input checked="" type="checkbox"/>
292325	WELL	PR	09/19/2007	GW	045-14677	SNYDER A12	PR	<input checked="" type="checkbox"/>
413201	WELL	XX	09/26/2011	LO	045-18738	Snyder A19	XX	<input type="checkbox"/>
413202	WELL	XX	09/26/2011	LO	045-18736	Snyder A17	XX	<input type="checkbox"/>
413203	WELL	XX	09/26/2011	LO	045-18737	Snyder A18	XX	<input 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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1437-001		

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
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☐ Multiple Spills and Releases?

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

Equipment:				
Type: Plunger Lift	# 10	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 12	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.532232,-107.733758
S/AR	SATISFACTORY		Comment: _____	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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			

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Centralized battery	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: Murray, Richard

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment					

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 283411

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:

FacilityFacility ID: 283411 Type: WELL API Number: 045-11917 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 285152 Type: WELL API Number: 045-12398 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 285153 Type: WELL API Number: 045-12397 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 285154 Type: WELL API Number: 045-12396 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 285155 Type: WELL API Number: 045-12395 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 285156 Type: WELL API Number: 045-12394 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 289761 Type: WELL API Number: 045-13872 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 290978 Type: WELL API Number: 045-14241 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 292324 Type: WELL API Number: 045-14678 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftFacility ID: 292325 Type: WELL API Number: 045-14677 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 : _____
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

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

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
Culverts	Pass					
		Gravel	Pass			
Gravel	Pass					
Berms	Pass					
		Culverts	Pass			
		Ditches	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT