

**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:

06/29/2016

Document Number:

666802317

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293343	335551	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: SWNW Sec: 17 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)
12/29/2015	680100396	AL	RI	AR		Fail	No
07/19/2013	670200680			ACTION REQUIRED			No

**Inspector Comment:**

Inspection does not address action required items noted in previous inspection for wells with the status of Abandoned Location with conductor pipe set

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293334	WELL	AL	07/17/2014	LO	045-14949	Dever C11	AL	<input type="checkbox"/>
293335	WELL	AL	09/12/2014	LO	045-14948	Dever C10	AL	<input type="checkbox"/>
293336	WELL	PR	09/01/2015	GW	045-14947	DEVER C9	PR	<input checked="" type="checkbox"/>
293337	WELL	PR	11/06/2007	GW	045-14946	DEVER C8	PR	<input checked="" type="checkbox"/>
293338	WELL	PR	12/24/2013	GW	045-14945	Dever C7	PR	<input checked="" type="checkbox"/>
293339	WELL	AL	07/17/2014	LO	045-14944	Dever C6	AL	<input type="checkbox"/>
293340	WELL	AL	07/17/2014	LO	045-14943	Dever C5	AL	<input type="checkbox"/>
293341	WELL	PR	07/08/2010	GW	045-14942	DEVER C4	PR	<input checked="" type="checkbox"/>
293342	WELL	PR	07/11/2013	GW	045-14941	DEVER C3	PR	<input checked="" type="checkbox"/>

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293343	WELL	AL	07/17/2014	LO	045-14940	Dever C2	AL	<input checked="" type="checkbox"/>
293344	WELL	AL	11/13/2014	LO	045-14939	Dever C1	AL	<input type="checkbox"/>
301600	WELL	AL	08/22/2012	LO	045-18204	DEVER C14	AL	<input type="checkbox"/>
301601	WELL	AL	08/15/2012	LO	045-18205	DEVER C13	AL	<input type="checkbox"/>
301602	WELL	AL	08/30/2012	LO	045-18206	DEVER C12	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

**Signs/Marker:**

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

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

☐ Multiple Spills and Releases?

**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Equipment:</b>			
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical unit at wellhead	
Corrective Action		Date:	

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

<b>Paint</b>
Condition
Adequate
Other (Content)
Other (Capacity)
Other (Type)

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action	Corrective Date			
Comment				

<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity
CONDENSATE	3	300 BBLS
Type		SE GPS
STEEL AST		39.528041,-107.699414
S/AR	SATISFACTORY	Comment:
Corrective Action:	Corrective Date:	

<b>Paint</b>
Condition
Adequate
Other (Content)
Other (Capacity)
Other (Type)

<b>Berms</b>
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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: 293343

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: 293336 Type: WELL API Number: 045-14947 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293337 Type: WELL API Number: 045-14946 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293338 Type: WELL API Number: 045-14945 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293341 Type: WELL API Number: 045-14942 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293342 Type: WELL API Number: 045-14941 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 293343 Type: WELL API Number: 045-14940 Status: AL Insp. Status: AL

**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

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

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

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? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

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: \_\_\_\_\_

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: \_\_\_\_\_  
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					
Berms	Pass					
		Ditches	Pass			
		Gravel	Pass			
Seeding						

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

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

**Pits:**      ☒ NO SURFACE INDICATION OF PIT