

**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:

666802315

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	289037	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)
07/20/2015	666801158	XX	XX	ACTION REQUIRED		Fail	No
01/27/2012	661400052	AL	AL	SATISFACTORY			No
12/09/2010	200286853	ER	ND	SATISFACTORY			No
12/09/2010	200295560	ER	ND	SATISFACTORY			No
07/08/2007	200119133	DG	ND	SATISFACTORY			No

Inspector Comment:

Inspection does not address Action required items noted in previous inspection for wells with the status of Abandoned Locations

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 checked="" type="checkbox"/>
288800	WELL	AL	01/02/2014	LO	045-13572	DEVER A11	AL	<input checked="" type="checkbox"/>
288802	WELL	AL	01/02/2014	LO	045-13570	DEVER A7	AL	<input checked="" 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	X
289035	WELL	PR	11/20/2007	GW	045-13634	DEVER A8	PR	X
289036	WELL	PR	01/23/2009	GW	045-13633	DEVER A6	PR	X
289037	WELL	AL	08/01/2012	LO	045-13632	Dever A5	AL	X
289038	WELL	AL	08/01/2012	LO	045-13631	Dever A14	AL	X
289039	WELL	PR	01/22/2007	GW	045-13630	DEVER A13	PR	X
289040	WELL	PR	01/26/2009	GW	045-13629	DEVER A10	PR	X
292451	WELL	AL	12/29/2011	LO	045-14723	DEVER A15	AL	X
294072	WELL	PR	12/24/2007	GW	045-15232	DEVER A16	PR	X
294322	WELL	AL	01/02/2014	LO	045-15376	DEVER A18	AL	X
295547	PIT	CL	08/02/2013		-	DEVER A PAD	CL	

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	AIRS ID 045-1427-001		
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
<input type="checkbox"/> 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
PRODUCED WATER	1	300 BBLS	STEEL AST	39.521626,-107.709061
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				

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

Inspector Name: Murray, Richard

Corrective Action:		Corrective Date:			
Paint					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
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: 289037

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: 284379 Type: WELL API Number: 045-12156 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visl sign of well**

Facility ID: 288800 Type: WELL API Number: 045-13572 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visl sign of well**

Facility ID: 288802 Type: WELL API Number: 045-13570 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

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

Producing Well

Comment: **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: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

Facility ID: 289038 Type: WELL API Number: 045-13631 Status: AL Insp. Status: AL

Inspector Name: Murray, Richard

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visual sign of well**

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: 292451 Type: WELL API Number: 045-14723 Status: AL Insp. Status: AL

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

Facility ID: 294072 Type: WELL API Number: 045-15232 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 294322 Type: WELL API Number: 045-15376 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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Inspector Name: Murray, Richard

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:

Inspector Name: Murray, Richard

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
		Ditches	Pass			
Drains	Pass					
Seeding						
Berms	Pass					
Gravel	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
666802315	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3890577