

**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:  
07/21/2016  
Document Number:  
666802403  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>285425</u> | <u>335054</u> | <u>Murray, Richard</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>10447</u>                                     |
| Name of Operator:     | <u>URSA OPERATING COMPANY LLC</u>                |
| Address:              | <u>1050 17TH STREET #1700</u>                    |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80265</u> |

- 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: SESW Sec: 8 Twp: 7S Range: 91W

**Inspector Comment:**

**Form 4 on file to change well status from XX to Abandoned Location**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 285425      | WELL | XX     | 09/07/2011  | LO         | 045-12478 | CSF 13C-08-07-91 | XX          | <input checked="" type="checkbox"/> |
| 285426      | WELL | PR     | 08/01/2012  | GW         | 045-12477 | CSF 14C-08-07-91 | PR          | <input checked="" type="checkbox"/> |
| 285427      | WELL | XX     | 09/07/2011  | LO         | 045-12476 | CSF 23B-08-07-91 | XX          | <input checked="" type="checkbox"/> |
| 285428      | WELL | PR     | 03/01/2012  | GW         | 045-12475 | CSF 24C-08-07-91 | PR          | <input checked="" type="checkbox"/> |
| 285429      | WELL | XX     | 09/13/2011  | LO         | 045-12474 | CSF 33D-08-07-91 | XX          | <input checked="" type="checkbox"/> |
| 285430      | WELL | XX     | 09/13/2011  | LO         | 045-12473 | CSF 34B-08-07-91 | 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**

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                  |                              |         |                   |         |

| <b>Equipment:</b>                 |                           |                               |              |       |  |
|-----------------------------------|---------------------------|-------------------------------|--------------|-------|--|
| Type: Ancillary equipment         | # 1                       | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           | Generator                 |                               |              |       |  |
| Corrective Action                 |                           |                               |              | Date: |  |
| Type: Plunger Lift                | # 2                       | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |                           |                               |              |       |  |
| Corrective Action                 |                           |                               |              | Date: |  |
| Type: Ancillary equipment         | # 1                       | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           | Chemical unit at wellhead |                               |              |       |  |
| Corrective Action                 |                           |                               |              | Date: |  |
| Type: Horizontal Heated Separator | # 2                       | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |                           |                               |              |       |  |
| Corrective Action                 |                           |                               |              | Date: |  |

| <b>Facilities:</b>                |              |                |                |                       |
|-----------------------------------|--------------|----------------|----------------|-----------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |                |                       |
| Contents                          | #            | Capacity       | Type           | SE GPS                |
| CONDENSATE                        | 2            | 300 BBLS       | STEEL AST      | 39.454630,-107.565670 |
| S/AR                              | SATISFACTORY |                | Comment: _____ |                       |

|                    |                  |                     |                     |                 |
|--------------------|------------------|---------------------|---------------------|-----------------|
| 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>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                    |  |                              |                      |
|--------------------|--|------------------------------|----------------------|
| <b>Flaring:</b>    |  |                              |                      |
| Type               |  | Satisfactory/Action Required |                      |
| Comment:           |  |                              |                      |
| Corrective Action: |  |                              | Correct Action Date: |

**Predrill**

Location ID: 285425  
 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: 285425 Type: WELL API Number: 045-12478 Status: XX Insp. Status: XX

**Workover**

Comment: **Form 4 on file to change well status to Abandoned Location, Document number 400512425**

Facility ID: 285426 Type: WELL API Number: 045-12477 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 285427 Type: WELL API Number: 045-12476 Status: XX Insp. Status: XX

**Workover**

Comment: **Form 4 on file to change well status to Abandoned Location, Document number 400516611**

Facility ID: 285428 Type: WELL API Number: 045-12475 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 285429 Type: WELL API Number: 045-12474 Status: XX Insp. Status: XX

**Workover**

Comment: **Form 4 on file to change well status to Abandoned Location, Document number 400512457**

Facility ID: 285430 Type: WELL API Number: 045-12473 Status: XX Insp. Status: XX

**Workover**

Comment: **Form 4 on file to change well status to Abandoned Location, Document number 400516609**

**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: \_\_\_\_\_

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?  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 \_\_\_\_\_

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                  |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |

Inspector Name: Murray, Richard

|         |      |          |      |  |  |  |
|---------|------|----------|------|--|--|--|
|         |      | Culverts | Pass |  |  |  |
| Seeding | Pass |          |      |  |  |  |
| Gravel  | Pass |          |      |  |  |  |

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

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

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

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

**Pits:**  NO SURFACE INDICATION OF PIT