

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:
08/02/2016
Document Number:
666802443
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>296884</u>	<u>311683</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
Knudson, Dwayne	970-456-3335	dknudson@ursaresources.com	All Inspections

Compliance Summary:

QtrQtr:	<u>NWNE</u>	Sec:	<u>12</u>	Twp:	<u>6S</u>	Range:	<u>93W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/02/2016	680100434	AL	RI	AR		Fail	No

Inspector Comment:

Action required items noted in previous inspection are not addressed in this inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289454	WELL	XX	03/14/2014	LO	045-13763	Hoffmeister A1	XX	<input checked="" type="checkbox"/>
289455	WELL	AL	01/02/2014	LO	045-13762	Hoffmeister A2	AL	<input checked="" type="checkbox"/>
289456	WELL	AL	01/02/2014	LO	045-13761	Hoffmeister A4	AL	<input checked="" type="checkbox"/>
289457	WELL	XX	04/09/2014	LO	045-13760	HOFFMEISTER A3	XX	<input checked="" type="checkbox"/>
296881	WELL	AL	01/02/2014	LO	045-16188	Hoffmeister A10	AL	<input checked="" type="checkbox"/>
296882	WELL	AL	01/02/2014	LO	045-16189	Hoffmeister A8	AL	<input checked="" type="checkbox"/>
296883	WELL	XX	06/20/2011	LO	045-16190	Hoffmeister A13	XX	<input checked="" type="checkbox"/>
296884	WELL	AL	03/28/2014	LO	045-16191	Hoffmeister A7	AL	<input checked="" type="checkbox"/>
298710	WELL	XX	06/20/2011	LO	045-17347	Hoffmeister A6	DG	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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

<u>Lease Road:</u>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

<u>Good Housekeeping:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	SATISFACTORY	Will need BMPs		

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

<u>Fencing/:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Cattle panel		

<u>Equipment:</u>				
Type:	#	Satisfactory/Action Required:		
Comment				
Corrective Action				Date:

<u>Venting:</u>	
Yes/No	NO
Comment	

<u>Flaring:</u>		
Type	Satisfactory/Action Required	
Comment:		
Corrective Action:		Correct Action Date:

Predrill

Location ID: 296884
 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: <u>289454</u>	Type: <u>WELL</u>	API Number: <u>045-13763</u>	Status: <u>XX</u>	Insp. Status: <u>XX</u>
Facility ID: <u>289455</u>	Type: <u>WELL</u>	API Number: <u>045-13762</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>289456</u>	Type: <u>WELL</u>	API Number: <u>045-13761</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>289457</u>	Type: <u>WELL</u>	API Number: <u>045-13760</u>	Status: <u>XX</u>	Insp. Status: <u>XX</u>
Facility ID: <u>296881</u>	Type: <u>WELL</u>	API Number: <u>045-16188</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296882</u>	Type: <u>WELL</u>	API Number: <u>045-16189</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296883</u>	Type: <u>WELL</u>	API Number: <u>045-16190</u>	Status: <u>XX</u>	Insp. Status: <u>XX</u>

Facility ID: 296884 Type: WELL API Number: 045-16191 Status: AL Insp. Status: AL

Facility ID: 298710 Type: WELL API Number: 045-17347 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

No rig on location, Surface casing 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: _____

Emission Control Burner (ECB): N

Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): _____

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			
		Culverts	Pass			
		Gravel	Pass			
Gravel	Pass					

S/A/V: SATISFACTOR
 Y
 Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT