

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:
09/12/2016
Document Number:
666802552
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>292294</u>	<u>335546</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>SENE</u>	Sec:	<u>17</u>	Twp:	<u>6S</u>	Range:	<u>92W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/06/2013	668100193	PR	PR	ALLEGED VIOLATION	Fail		Yes
12/12/2010	200291134	PR	SI	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292287	WELL	PR	09/17/2007	GW	045-14673	ROBINSON C 13	PR	<input checked="" type="checkbox"/>
292288	WELL	PR	09/07/2011	GW	045-14672	Robinson C4	PR	<input checked="" type="checkbox"/>
292289	WELL	PR	09/17/2007	GW	045-14671	ROBINSON C7	PR	<input checked="" type="checkbox"/>
292290	WELL	PR	09/18/2007	GW	045-14670	ROBINSON C14	PR	<input checked="" type="checkbox"/>
292291	WELL	PR	01/17/2012	GW	045-14669	Robinson C11	PR	<input checked="" type="checkbox"/>
292292	WELL	PR	01/17/2012	GW	045-14668	Robinson C9	PR	<input checked="" type="checkbox"/>
292293	WELL	PR	01/17/2012	GW	045-14667	Robinson C1	PR	<input checked="" type="checkbox"/>
292294	WELL	PR	03/01/2013	GW	045-14666	ROBINSON C5	PA	<input checked="" type="checkbox"/>
298259	WELL	PR	06/22/2012	GW	045-17104	Robinson C12	PR	<input checked="" type="checkbox"/>

298260	WELL	PR	01/15/2013	GW	045-17105	Robinson C3	PR	✗
298261	WELL	PR	06/26/2012	GW	045-17106	Robinson C6	PR	✗
298262	WELL	PR	09/05/2011	OW	045-17107	Robinson C8	PR	✗
298263	WELL	PR	06/26/2012	GW	045-17108	Robinson C2	PR	✗
298264	WELL	PR	06/26/2012	GW	045-17109	Robinson C10	PR	✗

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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1801-001		

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

Comment: _____

Corrective Action: _____

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

Equipment:				
Type: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 16	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: Plunger Lift	# 13	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.527540,-107.681763
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				

Tanks and Berms: 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
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: 292294

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: 292287 Type: WELL API Number: 045-14673 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292288 Type: WELL API Number: 045-14672 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292289	Type: WELL	API Number: 045-14671	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292290	Type: WELL	API Number: 045-14670	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292291	Type: WELL	API Number: 045-14669	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292292	Type: WELL	API Number: 045-14668	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292293	Type: WELL	API Number: 045-14667	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 292294	Type: WELL	API Number: 045-14666	Status: PR	Insp. Status: PA
Workover				
Comment: Form 6 on file, Above ground marker pipe				
Facility ID: 298259	Type: WELL	API Number: 045-17104	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 298260	Type: WELL	API Number: 045-17105	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 298261	Type: WELL	API Number: 045-17106	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 298262	Type: WELL	API Number: 045-17107	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 298263	Type: WELL	API Number: 045-17108	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 298264	Type: WELL	API Number: 045-17109	Status: PR	Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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? _____

Inspector Name: Murray, Richard

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
Seeding		Gravel	Pass			
Gravel	Pass	Ditches	Pass			
Berms	Pass	Culverts	Pass			

S/A/V: SATISFACTORY _____ 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
666802552	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3948361