

**FORM
INSP**Rev
X/15**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:

01/26/2017

Submitted Date:

01/27/2017

Document Number:

675203780**FIELD INSPECTION FORM**
 Loc ID 440634 Inspector Name: CONKLIN, CURTIS On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 1050 17TH STREET #1700City: DENVER State: CO Zip: 80265**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Lind, Jennifer	(970) 329-4373	jlind@ursaresources.com	All Inspections
Knudson, Dwayne	(970) 456-3335	dknudson@ursaresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
440646	WELL	DG	01/12/2017	LO	045-22718	B&V 13A-07-07-95	DG

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 440646 Type: WELL API Number: 045-22718 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Capstar 321 Pusher/Rig Manager: Richard McNeil
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: YES
 Multi-Well: YES Disposal Location: Garfield County Landfill
 Comment: _____
 Corrective Action: _____ Date: _____

Cement**Cement Contractor**

Contractor Name: Halliburton Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): 644 Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____
 Good Return During Job: _____ Cement Type: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: Could not do complete stormwater inspection due to snow cover.

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT