

**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:

02/22/2017

Submitted Date:

02/23/2017

Document Number:

680401166

FIELD INSPECTION FORM

Loc ID 335534 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10447
Name of Operator: URSA OPERATING COMPANY LLC
Address: 792 BUCKHORN DR
City: RIFLE State: CO Zip: 81650

Findings:

- 9 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Lind, Jennifer	720-508-8362	jlind@ursaresources.com	All Inspections
Knudson, Dwayne	970-625-9922	dknudson@ursaresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
284083	WELL	PR	11/21/2009	GW	045-12083	VALLEY FARMS D1	PR
284084	WELL	SI	07/09/2015	DSPW	045-12082	VALLEY FARMS D3	SI
288635	WELL	PR	06/25/2013	GW	045-13298	VALLEY FARMS D10	PR
290434	WELL	PR	06/25/2013	GW	045-14109	VALLEY FARMS D13	PR

General Comment:

Routine UIC Inspection.

Location

Lease Road:			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

Signs/Marker:			
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:
	Type	TANK LABELS/PLACARDS	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
	Comment: <input style="width: 80%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
	Type	WELLHEAD	
	Comment:	Panel Fence	
	Corrective Action:		Date:

Equipment:			corrective date
Type: Horizontal Heater Treater	# 1		
	Comment:		
	Corrective Action:		Date:

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST		39.531256,-107.652558	
	Comment:					
	Corrective Action:					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
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	6	300 BBLs	STEEL AST		39.530919,-107.652761
Comment:					
Corrective Action:					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
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 284083 Type: WELL API Number: 045-12083 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift
 Corrective Action: _____ Date: _____

Facility ID: 284084 Type: WELL API Number: 045-12082 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 14 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR
 TC: Pressure or inches of Hg 1750 Previous Test Pressure _____ Last MIT: 06/08/2015
 Brhd: Pressure or inches of Hg 90 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.
 Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____
 Corrective Action: _____ Date: _____

Facility ID: 288635 Type: WELL API Number: 045-13298 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift
 Corrective Action: _____ Date: _____

Facility ID: 290434 Type: WELL API Number: 045-14109 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift
 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
Gravel	Pass	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: _____

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
401217612	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4082634