

**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:

03/23/2017

Submitted Date:

03/24/2017

Document Number:

680401267**FIELD INSPECTION FORM**
 Loc ID 311855 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_
**Operator Information:**OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 792 BUCKHORN DRCity: RIFLE State: CO Zip: 81650**Status Summary:**

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

**Findings:**6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 290100      | WELL | IJ     | 05/20/2014  | DSPW       | 103-11000 | B-19N SWD #1  | AC          |

**General Comment:**[Routine UIC Inspection.](#)

**Location****Lease Road:**

|                   |        |       |  |
|-------------------|--------|-------|--|
| Type              | Main   |       |  |
| comment:          |        |       |  |
| Corrective Action | L      | Date: |  |
| Type              | Access |       |  |
| comment:          |        |       |  |
| Corrective Action | L      | Date: |  |

Overall Good: ☒**Signs/Marker:**

|                    |          |       |  |
|--------------------|----------|-------|--|
| Type               | WELLHEAD |       |  |
| Comment:           |          |       |  |
| Corrective Action: |          | Date: |  |

**Emergency Contact Number:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

Overall Good: ☒**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

|                    |                          |       |  |
|--------------------|--------------------------|-------|--|
| Type               | WELLHEAD                 |       |  |
| Comment:           | UIC well inside housing. |       |  |
| Corrective Action: |                          | Date: |  |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**Facility ID: 290100 Type: WELL API Number: 103-11000 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 500 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: FT-WS

TC: Pressure or inches of Hg 32 Previous Test Pressure \_\_\_\_\_ Last MIT: 08/27/2013

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. 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: \_\_\_\_\_

Reclamation - Storm Water - Pit

Storm Water:

|                  |                 |                         |                       |                 |                          |         |
|------------------|-----------------|-------------------------|-----------------------|-----------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs   | Chemical BMP Maintenance | Comment |
| Berms            | Pass            | Gravel                  | Pass                  | Self Inspection | Pass                     |         |
| Gravel           | Pass            | Ditches                 | Pass                  |                 |                          |         |

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT