

**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: _____

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:

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

Contact Information:

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

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			Date:
Type	Access		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		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