

**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:

680401268

FIELD INSPECTION FORM

Loc ID 315614 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Knudson, Dwayne	970-625-9922	dknudson@ursaresources.com	All Inspections
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
231148	WELL	IJ	12/21/2010	DSPW	103-08817	FEDERAL 397 3-1	SI

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:	<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:	<input style="width: 95%;" type="text"/>	
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
	Type	LOCATION	
	Comment:	Chain link	
	Corrective Action:		Date:

Venting:			
	Yes/No	NO	
	Comment:		
	Corrective Action:		Date:

Flaring:			
	Type		
	Comment:		
	Corrective Action:		Date:

Inspected Facilities

Facility ID: 231148 Type: WELL API Number: 103-08817 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: WSTCG
TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/26/2013
Brhd: Pressure or inches of Hg 0 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: _____

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	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT