

**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:

12/12/2018

Submitted Date:

12/12/2018

Document Number:

689302611**FIELD INSPECTION FORM**

Loc ID 336037 Inspector Name: Holtz, Darin On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 1600 BROADWAY ST STE 2600City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**13 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
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
296416	WELL	PR	09/01/2018	GW	045-16013	GYPSUM RANCH B3	PR
296454	WELL	PR	09/01/2018	GW	045-16036	GYPSUM RANCH B4	PR
296457	WELL	DG	04/16/2008	GW	045-16039	GYPSUM RANCH B7	ND
296459	WELL	PR	09/01/2018	GW	045-16041	GYPSUM RANCH B9	PR
296461	WELL	PR	10/01/2018	GW	045-16043	GYPSUM RANCH B13	PR

General Comment:[Routine Field Inspection.](#)

Location

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

Overall Good: ☒

Emergency Contact Number:

Comment: 1-855-625-9922

Corrective Action:

Date:

Good Housekeeping:

Type	DEBRIS		
Comment:	Wood timbers near separators.		
Corrective Action:	Comply with rule 603.f.	Date:	01/12/2019

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type	WELLHEAD		
Comment:	Panel gates.		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Horizontal Heated Separator	# 4		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 4		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 2		
Comment:	1 of 2 deadman marked.		
Corrective Action:	Mark as required.	Date:	01/12/2019
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	

Type: Flow Line	# 1	
Comment:	Water transfer manifold.	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST		,
Comment:	6 tanks in a centralized battery.				
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:	
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Inspected FacilitiesFacility ID: 296416 Type: WELL API Number: 045-16013 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on plunger lift.

Corrective Action:

Date:

Facility ID: 296454 Type: WELL API Number: 045-16036 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on plunger lift.

Corrective Action:

Date:

Facility ID: 296457 Type: WELL API Number: 045-16039 Status: DG Insp. Status: ND**Well Drilling**

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: Conductor casing installed, No Drilling Rig on location.

Corrective Action:

Date:

Facility ID: 296459 Type: WELL API Number: 045-16041 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on plunger lift.

Corrective Action:

Date:

Facility ID: 296461 Type: WELL API Number: 045-16043 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on 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
Berms						
Compaction						
Gravel						
		Berms				
		Compaction				
		Gravel				

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
689302612	Inspection photo 689302612	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4674289