

**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:

02/19/2019

Submitted Date:

02/19/2019

Document Number:

689303271**FIELD INSPECTION FORM**

Loc ID 311683 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:5 Number of Comments0 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
298710	WELL	WO	06/20/2011	LO	045-17347	Hoffmeister A6	WO

General Comment:

[Routine Field Inspection. No production equipment on location.](#)

Location**Lease Road:**

Type	Access		
comment:			
Corrective ActionL		Date:	

Overall Good: ☒**Emergency Contact Number:**

Comment:	1-855-625-9922	
Corrective Action:		Date:

Overall Good: ☒**Spills:**

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

In Containment: No

Comment:

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

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 298710 Type: WELL API Number: 045-17347 Status: WO Insp. Status: WO**Well Drilling**

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

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydri 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: No Drill Rig on location. Surface casing set.

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						
		Compaction				
		Gravel				
Compaction						

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
689303272	Inspection photo 689303272	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4737953