

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:

06/06/2013

Document Number:

668100196

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>293342</u>	<u>335551</u>	<u>KELLERBY, SHAUN</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10447 Name of Operator: URSA OPERATING COMPANY LLCAddress: 602 SAWYER STREET #710City: HOUSTONState: TXZip: 77007**Contact Information:**

Contact Name	Phone	Email	Comment
Bleil, Rob		rbleil@ursaresources.com	Enviromental

Compliance Summary:QtrQtr: SWNW Sec: 17 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/21/2012	668500012	PR	PR	S	I		N
06/08/2010	200257785	SR	PR	S			N

Inspector Comment:

Form 42 notice of Stimulation Doc # 400422930. Water Frac, and flow back equipment set up on pad site.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293334	WELL	XX	08/03/2012	LO	045-14949	Dever C11	<input type="checkbox"/>
293335	WELL	XX	08/03/2012	LO	045-14948	Dever C10	<input type="checkbox"/>
293336	WELL	PR	12/28/2011	GW	045-14947	DEVER C9	<input checked="" type="checkbox"/>
293337	WELL	PR	11/06/2007	GW	045-14946	DEVER C8	<input checked="" type="checkbox"/>
293338	WELL	TA	11/08/2012	GW	045-14945	DEVER C7	<input checked="" type="checkbox"/>
293339	WELL	XX	08/03/2012	LO	045-14944	Dever C6	<input type="checkbox"/>
293340	WELL	XX	08/03/2012	LO	045-14943	Dever C5	<input type="checkbox"/>
293341	WELL	PR		GW	045-14942	DEVER C4	<input checked="" type="checkbox"/>
293342	WELL	PR	11/06/2007	GW	045-14941	DEVER C3	<input checked="" type="checkbox"/>
293343	WELL	XX	08/03/2012	LO	045-14940	Dever C2	<input type="checkbox"/>
293344	WELL	XX	08/03/2012	LO	045-14939	Dever C1	<input type="checkbox"/>
301600	WELL	AL	08/22/2012	LO	045-18204	DEVER C14	<input type="checkbox"/>
301601	WELL	AL	08/15/2012	LO	045-18205	DEVER C13	<input type="checkbox"/>
301602	WELL	AL	08/30/2012	LO	045-18206	DEVER C12	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: KELLERBY, SHAUN

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Unsatisfactory	dust observed on roadway, operator has speed limit sign posted at 5 mph. Vehicles were observed going faster than posted speed limit.	Use BMP and education to control dust on lease road and location	07/01/2013

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors		Satisfactory			
Horizontal Heated Separator		Satisfactory			
Vertical Separator		Satisfactory	Part of flow back equipment on pad		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	300 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate			Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335551

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____ **Date:** _____**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment: _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 293336 Type: WELL API Number: 045-14947 Status: PR Insp. Status: PR

Facility ID: 293337 Type: WELL API Number: 045-14946 Status: PR Insp. Status: PR

Facility ID: 293338 Type: WELL API Number: 045-14945 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: _____ CA Date: _____
CA: Well has not been completed.
Comment: _____

Facility ID: 293341 Type: WELL API Number: 045-14942 Status: PR Insp. Status: PR

Facility ID: 293342 Type: WELL API Number: 045-14941 Status: PR Insp. Status: WO

Well Stimulation

Stimulation Company: Basic Stimulation Type: HYDRAULIC FRAC
Observation: Other: _____
Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
Bradenhead Psi: 10 Frac Flow Back: _____ Fluid: _____ Gas: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____
DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____
 Debris removed _____ No disturbance /Location never built _____
 Access Roads Regraded _____ Contoured _____ Culverts removed _____
 Gravel removed _____
 Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____
 Compaction alleviation _____ Dust and erosion control _____
 Non cropland: Revegetated 80% _____ Cropland: perennial forage _____
 Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Multi-Well Location ☐

Inspector Name: KELLERBY, SHAUN

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Blankets	Pass					
Berms	Pass			MHSP	Pass	
S/U/V: <u>Satisfactory</u> Corrective Date: _____						
Comment: <input type="text"/>						
CA: <input type="text"/>						