

**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



DE	ET	OE	ES
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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	<input type="checkbox"/>
	<u>293342</u>	<u>335551</u>	<u>KELLERBY, SHAUN</u>	2A Doc Num:	

**Operator Information:**

OGCC Operator Number: 10447 Name of Operator: URSA OPERATING COMPANY LLC  
 Address: 602 SAWYER STREET #710  
 City: HOUSTON State: TX Zip: 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

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
<input type="checkbox"/> 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		

<b>Facilities:</b>		<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:	
<b>Paint</b>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate			Adequate	
Corrective Action					Corrective Date
Comment					
<b>Venting:</b>					
Yes/No	Comment				
<b>Flaring:</b>					
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  
Other: \_\_\_\_\_  
**Observation:**  
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:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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 REVEGETATION

Cropland

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

<b>Storm Water:</b>						
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: Satisfactory                      Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_