

**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:

10/10/2013

Document Number:

670200947

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>293152</u>	<u>335550</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: URSA OPERATING COMPANY LLCAddress: 602 SAWYER STREET #710City: HOUSTON State: TX Zip: 77007

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Bleil, Robert		rbleil@ursaresources.com	Regulatory & Environmental Manager
Smith, Cody		csmith@ursaresources.com	

Compliance Summary:QtrQtr: SWNE Sec: 18 Twp: 6S Range: 92W**Inspector Comment:**

Conductors are set at locations 045-14887, 14904, 14901, 14903, and 14906. Sundry notices as required by the conductor pipe setting policy are not in the database.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293098	WELL	PR	12/14/2012	LO	045-14882	DIXON A8	PR	X
293099	WELL	XX	10/05/2011	LO	045-14883	DIXON A7	TA	X
293100	WELL	PR	10/15/2012	LO	045-14884	DIXON A3	PR	X
293101	WELL	PR	09/13/2012	LO	045-14885	DIXON A2	PR	X
293102	WELL	PR	12/14/2012	LO	045-14886	DIXON A1	PR	X
293103	WELL	XX	10/04/2011	LO	045-14887	DIXON A4	ND	X
293104	WELL	PR	12/14/2012	LO	045-14888	DIXON A5	PR	X
293105	WELL	PR	12/14/2012	LO	045-14889	DIXON A6	PR	X
293106	WELL	PR	09/12/2012	LO	045-14890	DIXON A9	PR	X
293151	WELL	XX	10/05/2011	LO	045-14900	DIXON A16	ND	X
293152	WELL	XX	10/05/2011	LO	045-14901	DIXON A15	ND	X
293153	WELL	XX	10/05/2011	LO	045-14902	DIXON A14	ND	X
293154	WELL	XX	10/05/2011	LO	045-14903	DIXON A12	ND	X
293156	WELL	XX	10/05/2011	LO	045-14904	DIXON A13	ND	X
293157	WELL	PR	12/14/2012	LO	045-14905	DIXON A11	PR	X
293158	WELL	XX	10/05/2011	LO	045-14906	DIXON A10	ND	X

Equipment:Location Inventory

Inspector Name: BURGER, CRAIG

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
WELLHEAD	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?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gathering Line	1	Satisfactory			
Bird Protectors	4	Satisfactory			
Deadman # & Marked	10	Satisfactory			
Horizontal Heated Separator	8	Satisfactory			
Pig Station	1	Satisfactory			
Plunger Lift	8	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	300 BBLS	STEEL AST	39.529340,-107.705380	
S/U/V:	Satisfactory	Comment: Hot oil treatment at time of inspection.			
Corrective Action:				Corrective 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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 293152

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 293098 Type: WELL API Number: 045-14882 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293099 Type: WELL API Number: 045-14883 Status: XX Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: Surface casing only. Production not drilled. MIT will be required after 2 years.

Inspector Name: BURGER, CRAIG

Facility ID: <u>293100</u>	Type: <u>WELL</u>	API Number: <u>045-14884</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293101</u>	Type: <u>WELL</u>	API Number: <u>045-14885</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293102</u>	Type: <u>WELL</u>	API Number: <u>045-14886</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293103</u>	Type: <u>WELL</u>	API Number: <u>045-14887</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293104</u>	Type: <u>WELL</u>	API Number: <u>045-14888</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293105</u>	Type: <u>WELL</u>	API Number: <u>045-14889</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293106</u>	Type: <u>WELL</u>	API Number: <u>045-14890</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293151</u>	Type: <u>WELL</u>	API Number: <u>045-14900</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293152</u>	Type: <u>WELL</u>	API Number: <u>045-14901</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293153</u>	Type: <u>WELL</u>	API Number: <u>045-14902</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293154</u>	Type: <u>WELL</u>	API Number: <u>045-14903</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293156</u>	Type: <u>WELL</u>	API Number: <u>045-14904</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293157</u>	Type: <u>WELL</u>	API Number: <u>045-14905</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>plunger lift</u>				
Facility ID: <u>293158</u>	Type: <u>WELL</u>	API Number: <u>045-14906</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
<u>Environmental</u>				
<u>Spills/Releases:</u>				
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____		

Inspector Name: BURGER, CRAIG

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: Active permits on location expire 10/26/2013.			
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			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____

Inspector Name: BURGER, CRAIG

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Culverts	Pass			
Gravel	Pass	Gravel	Pass			
Blankets	Pass	Ditches	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT