

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:
10/21/2014

Document Number:
666800191

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>293157</u>	<u>335550</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10447</u>
Name of Operator:	<u>URSA OPERATING COMPANY LLC</u>
Address:	<u>602 SAWYER STREET #710</u>
City:	<u>HOUSTON TX Zip: 77007</u>

- 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
Younger, Pake	970-329-4385	pyounger@ursaresources.com	
Bleil, Robert		rbleil@ursaresources.com	Regulatory & Environmental Manager
Kellerby, Shaun		shaun.kellerby@state.us.co	

Compliance Summary:

QtrQtr: SWNE Sec: 18 Twp: 6S Range: 92W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293098	WELL	PR	12/14/2012	GW	045-14882	DIXON A8	PR	X
293099	WELL	XX	10/05/2011	LO	045-14883	DIXON A7	XX	X
293100	WELL	PR	10/15/2012	GW	045-14884	DIXON A3	PR	X
293101	WELL	PR	09/13/2012	GW	045-14885	DIXON A2	PR	X
293102	WELL	PR	12/14/2012	GW	045-14886	DIXON A1	PR	X
293103	WELL	XX	03/14/2014	LO	045-14887	Dixon A4	XX	X
293104	WELL	PR	12/14/2012	GW	045-14888	DIXON A5	PR	X
293105	WELL	PR	12/14/2012	GW	045-14889	DIXON A6	PR	X
293106	WELL	PR	09/12/2012	GW	045-14890	DIXON A9	PR	X
293151	WELL	XX	10/05/2011	LO	045-14900	DIXON A16	XX	X
293152	WELL	XX	10/05/2011	LO	045-14901	DIXON A15	XX	X
293153	WELL	XX	10/05/2011	LO	045-14902	DIXON A14	XX	X
293154	WELL	XX	10/05/2011	LO	045-14903	DIXON A12	XX	X
293156	WELL	XX	10/05/2011	LO	045-14904	DIXON A13	XX	X
293157	WELL	PR	12/14/2012	GW	045-14905	DIXON A11	PR	X
293158	WELL	XX	10/05/2011	LO	045-14906	DIXON A10	XX	X

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Steel panel		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	10	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			
Bird Protectors	6	SATISFACTORY			
Horizontal Heated Separator	8	SATISFACTORY			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLs	HEATED STEEL AST	39.529340,-107.705380	
S/A/V:	SATISFACTORY		Comment: _____		
Corrective Action: _____				Corrective Date: _____	

Paint

Condition	Adequate
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Other (Content) _____

Inspector Name: Murray, Richard

Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____
 Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: **Centralized battery**
 Corrective Action: _____ Corrective Date: _____

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____
 Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: **Centralized battery**
 Corrective Action: _____ Corrective Date: _____

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____
 Comment _____

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 293157

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/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: XX

Facility ID: 293100 Type: WELL API Number: 045-14884 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293101 Type: WELL API Number: 045-14885 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293102 Type: WELL API Number: 045-14886 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293103 Type: WELL API Number: 045-14887 Status: XX Insp. Status: XX

Facility ID: 293104 Type: WELL API Number: 045-14888 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293105 Type: WELL API Number: 045-14889 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293106 Type: WELL API Number: 045-14890 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293151 Type: WELL API Number: 045-14900 Status: XX Insp. Status: XX

Facility ID: 293152 Type: WELL API Number: 045-14901 Status: XX Insp. Status: XX

Facility ID: 293153 Type: WELL API Number: 045-14902 Status: XX Insp. Status: XX

Facility ID: 293154 Type: WELL API Number: 045-14903 Status: XX Insp. Status: XX

Facility ID: 293156 Type: WELL API Number: 045-14904 Status: XX Insp. Status: XX

Facility ID: 293157 Type: WELL API Number: 045-14905 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293158 Type: WELL API Number: 045-14906 Status: XX Insp. Status: XX

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 REVEGETATION

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

Inspector Name: Murray, Richard

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT