

**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:
11/12/2014Document Number:
666800279Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293099	335550	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10447Name 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
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:****MIT Test****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	<input type="checkbox"/>
293099	WELL	XX	10/05/2011	LO	045-14883	DIXON A7	TA	<input checked="" type="checkbox"/>
293100	WELL	PR	10/15/2012	GW	045-14884	DIXON A3	PR	<input type="checkbox"/>
293101	WELL	PR	09/13/2012	GW	045-14885	DIXON A2	PR	<input type="checkbox"/>
293102	WELL	PR	12/14/2012	GW	045-14886	DIXON A1	PR	<input type="checkbox"/>
293103	WELL	XX	03/14/2014	LO	045-14887	Dixon A4	XX	<input type="checkbox"/>
293104	WELL	PR	12/14/2012	GW	045-14888	DIXON A5	PR	<input type="checkbox"/>
293105	WELL	PR	12/14/2012	GW	045-14889	DIXON A6	PR	<input type="checkbox"/>
293106	WELL	PR	09/12/2012	GW	045-14890	DIXON A9	PR	<input type="checkbox"/>
293151	WELL	XX	10/05/2011	LO	045-14900	DIXON A16	XX	<input type="checkbox"/>

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293152	WELL	XX	10/05/2011	LO	045-14901	DIXON A15	XX	<input type="checkbox"/>
293153	WELL	XX	10/05/2011	LO	045-14902	DIXON A14	XX	<input type="checkbox"/>
293154	WELL	XX	10/05/2011	LO	045-14903	DIXON A12	XX	<input type="checkbox"/>
293156	WELL	XX	10/05/2011	LO	045-14904	DIXON A13	XX	<input type="checkbox"/>
293157	WELL	PR	12/14/2012	GW	045-14905	DIXON A11	PR	<input type="checkbox"/>
293158	WELL	XX	10/05/2011	LO	045-14906	DIXON A10	XX	<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

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 293099

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

Workover

Comment: MIT Test, Start 1425psi, Finish 1398psi, loss of 27psi after 15 minutes, Surface casing 8-5/8" Cement plug set at 1078

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

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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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

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? _____

Inspector Name: Murray, Richard

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V:

Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT