

**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:  
08/11/2015Document Number:  
666801277Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	278180	336025	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
Knudson, Dwayne	970-372-5706	dknudson@ursaresources.com	

**Compliance Summary:**QtrQtr: NESE Sec: 7 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/10/2010	200287129	PR	PR	SATISFACTORY			No
10/27/2010	200284542	PR	SI	SATISFACTORY			No
07/28/2010	200266090	PR	PR	SATISFACTORY			Yes
02/21/2006	200087511	ES	SI	ACTION REQUIRED	I	Fail	Yes
08/29/2005	200079648	DG	DG	SATISFACTORY		Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278177	WELL	PR	08/15/2006	GW	045-10847	ISLAND PARK B2	PR	<input checked="" type="checkbox"/>
278180	WELL	PR	01/15/2006	GW	045-10850	ISLAND PARK B3	PR	<input checked="" type="checkbox"/>
288777	WELL	AL	05/19/2014	LO	045-13582	Island Park B1	AL	<input type="checkbox"/>
288779	WELL	AL	05/19/2014	LO	045-13581	Island Park B7	AL	<input type="checkbox"/>
288781	WELL	AL	05/19/2014	LO	045-13580	Island Park B8	AL	<input type="checkbox"/>
288783	WELL	AL	05/19/2014	LO	045-13579	Island Park B6	AL	<input type="checkbox"/>
288784	WELL	AL	05/19/2014	LO	045-13578	Island Park B4	AL	<input type="checkbox"/>

Inspector Name: Murray, Richard

288787	WELL	AL	05/19/2014	LO	045-13577	Island Park B5	AL	<input type="checkbox"/>
288788	WELL	AL	05/19/2014	LO	045-13576	Island Park B9	AL	<input type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
BATTERY	SATISFACTORY	AIRS ID 045-0431-001		

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?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	SATISFACTORY			
Plunger Lift	2	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

**Venting:**

Yes/No	Comment
NO	

**Flaring:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 278180

**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: 278177 Type: WELL API Number: 045-10847 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 278180 Type: WELL API Number: 045-10850 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

**Environmental****Spills/Releases:**

Inspector Name: Murray, Richard

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

<b>Water Well:</b>		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	_____

<b>Field Parameters:</b>
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Sample Location: _____
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Emission Control Burner (ECB): Y _____
Comment: _____
Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

**Reclamation - Storm Water - Pit**

<b>Interim Reclamation:</b>	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____
Land Use: _____	
Comment: _____	

1003a.	Debris removed? Pass CM _____	CA _____	CA Date _____
	Waste Material Onsite? Pass CM _____	CA _____	CA Date _____
	Unused or unneeded equipment onsite? Pass CM _____	CA _____	CA Date _____
	Pit, cellars, rat holes and other bores closed? Pass CM _____	CA _____	CA Date _____
	Guy line anchors removed? _____ CM _____	CA _____	CA Date _____
	Guy line anchors marked? Pass CM _____	CA _____	CA Date _____

1003b.	Area no longer in use? Pass _____	Production areas stabilized ? Pass _____
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

Inspector Name: Murray, Richard

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 \_\_\_\_\_

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
		Ditches	Pass			
		Gravel	Pass			
Gravel	Pass					
Seeding	Pass					
		Culverts	Pass			

S/A/V: SATISFACTOR \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Y

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT