

**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

Inspection Date:

12/29/2015

Document Number:

680100403

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293103	335550	Colby, Lou	<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) 456-3335	dknudson@ursaresources.com	
Lind, Jennifer		jlind@ursaresources.com	
Bleil, Rob	970-329-4373	rbleil@ursaresources.com	

Compliance Summary:QtrQtr: SWNE Sec: 18 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)
12/18/2013	670201055	XX	ND	ACTION REQUIRED		Fail	No

Inspector Comment:

Reclamation focused Inspection of Five XX Wells (Conductors Set); of those four have expired permits 10/5/2011; one 3/4/2014. Wells are API #s 045- 14887, 14901, 14903, 14904, 14906.

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	UN	<input 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	RI	<input checked="" 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"/>

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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	ND	<input type="checkbox"/>
293152	WELL	XX	10/05/2011	LO	045-14901	DIXON A15	RI	<input checked="" type="checkbox"/>
293153	WELL	XX	10/05/2011	LO	045-14902	DIXON A14	ND	<input type="checkbox"/>
293154	WELL	XX	10/05/2011	LO	045-14903	DIXON A12	RI	<input checked="" type="checkbox"/>
293156	WELL	XX	10/05/2011	LO	045-14904	DIXON A13	RI	<input checked="" 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	RI	<input checked="" 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/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

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

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

Equipment:				
Type:	#	Satisfactory/Action Required:		
Comment				
Corrective Action				Date:

Venting:	
Yes/No	
Comment	

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

Predrill

Location ID: 293103

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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

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

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

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

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

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): _____

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. Waste and Debris removed? _____

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 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

Inspector Name: Colby, Lou

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: **Five of the Seven XX Wells (all expired Permits) have conductors set.**

Corrective Action: **Close conductors on Five XX Wells with Conductors Set, expired permits (Well #s 045-14887, 14901, 14903, 14904, 14906). Consult COGCC NW Area Engineer for procedures, guidance if needed.**

Date **03/01/2016**

Overall Final Reclamation **Fail**

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

COGCC Comments

Comment	User	Date
Any Operator correspondence concerning Corrective Actions should be submitted via Form 4.	colbyl	01/01/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680100411	Inspection Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3751832