

**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:

680100407

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293151	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
Lind, Jennifer		jlind@ursaresources.com	
Knudson, Dwayne	(970) 456-3335	dknudson@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)
03/21/2012	668500014	XX	ND	SATISFACTORY	I		No

Inspector Comment:

Reclamation focused Inspection of Two XX Wells, API#s 045- 14900 and 045- 14902; permits expired 10/5/2011.

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
293099	WELL	XX	10/05/2011	LO	045-14883	DIXON A7	UN
293100	WELL	PR	10/15/2012	GW	045-14884	DIXON A3	PR
293101	WELL	PR	09/13/2012	GW	045-14885	DIXON A2	PR
293102	WELL	PR	12/14/2012	GW	045-14886	DIXON A1	PR
293103	WELL	XX	03/14/2014	LO	045-14887	Dixon A4	XX
293104	WELL	PR	12/14/2012	GW	045-14888	DIXON A5	PR
293105	WELL	PR	12/14/2012	GW	045-14889	DIXON A6	PR
293106	WELL	PR	09/12/2012	GW	045-14890	DIXON A9	PR

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293151	WELL	XX	10/05/2011	LO	045-14900	DIXON A16	RI	<input checked="" type="checkbox"/>
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	RI	<input checked="" 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**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

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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: 293151

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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

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

Facility ID: 293153 Type: WELL API Number: 045-14902 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:

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. 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 ?

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- 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? _____

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: **Abandon permits on two XX Wells ; 045- 14900 and 045- 14902; permits expired 10/5/2011** Date **02/08/2016**

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 referring to 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
680100413	inspection photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3751834