

**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:

06/29/2016

Document Number:

666802316

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293156	335550	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10447Name of Operator: URSA OPERATING COMPANY LLCAddress: 1050 17TH STREET #1700City: DENVER State: CO Zip: 80265

- ☐ 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	All Inspections

Compliance Summary:QtrQtr: SWNE Sec: 18 Twp: 6S Range: 92W**Inspector Comment:****Inspection does not address Action required items noted in previous inspection for wells with the status of XX with conductor pipe set****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 checked="" type="checkbox"/>
293099	WELL	DG	05/18/2012	GW	045-14883	DIXON A7	DG	<input checked="" type="checkbox"/>
293100	WELL	PR	10/15/2012	GW	045-14884	DIXON A3	PR	<input checked="" type="checkbox"/>
293101	WELL	PR	09/13/2012	GW	045-14885	DIXON A2	PR	<input checked="" type="checkbox"/>
293102	WELL	PR	12/14/2012	GW	045-14886	DIXON A1	PR	<input checked="" type="checkbox"/>
293103	WELL	XX	03/14/2014	LO	045-14887	Dixon A4	XX	<input checked="" type="checkbox"/>
293104	WELL	PR	12/14/2012	GW	045-14888	DIXON A5	PR	<input checked="" type="checkbox"/>
293105	WELL	PR	12/14/2012	GW	045-14889	DIXON A6	PR	<input checked="" type="checkbox"/>
293106	WELL	PR	09/12/2012	GW	045-14890	DIXON A9	PR	<input checked="" type="checkbox"/>
293151	WELL	XX	10/05/2011	LO	045-14900	DIXON A16	XX	<input checked="" type="checkbox"/>
293152	WELL	XX	10/05/2011	LO	045-14901	DIXON A15	XX	<input checked="" type="checkbox"/>
293153	WELL	XX	10/05/2011	LO	045-14902	DIXON A14	XX	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

293154	WELL	XX	10/05/2011	LO	045-14903	DIXON A12	XX	<input checked="" type="checkbox"/>
293156	WELL	XX	10/05/2011	LO	045-14904	DIXON A13	XX	<input checked="" type="checkbox"/>
293157	WELL	PR	12/14/2012	GW	045-14905	DIXON A11	PR	<input checked="" type="checkbox"/>
293158	WELL	XX	10/05/2011	LO	045-14906	DIXON A10	XX	<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 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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-2251-001		

Emergency Contact Number (S/AR): SATISFACTORY

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: Horizontal Heated Separator	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	

Inspector Name: Murray, Richard

Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Pig Station	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.529340,-107.705380

S/AR	SATISFACTORY	Comment:
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
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Comment

Facilities: ☐ New Tank Tank ID: _____

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

S/AR	SATISFACTORY	Comment: Centralized battery
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Corrective Action:	Corrective Date:
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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
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Comment

Venting:

Inspector Name: Murray, Richard

Yes/No	NO
Comment	

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

Predrill			
Location ID:	293156		
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:	
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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:	Type:	API Number:	Status:
293098	WELL	045-14882	PR
Insp. Status:	PR		
Producing Well			
Comment:	Plunger lift		

Facility ID:	Type:	API Number:	Status:	Insp. Status:
293099	WELL	045-14883	DG	DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

No rig on location, surface casing set

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Conductor pipe set

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visual sign of well**

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **No visual sign of well**

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

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

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: **Conductor pipe set**

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. Waste and Debris removed? 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 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? _____

Inspector Name: Murray, Richard

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: _____ 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
		Gravel	Pass			
Berms	Pass					
		Ditches	Pass			
Seeding	Pass					
Gravel	Pass					

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT