

**FORM
INSP**Rev
X/15

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:

03/24/2017

Submitted Date:

03/24/2017

Document Number:

675204067**FIELD INSPECTION FORM**

Loc ID 446582 Inspector Name: CONKLIN, CURTIS On-Site Inspection ☐ 2A Doc Num: _____

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

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Knudson, Dwayne	(970) 456-3335	dknudson@ursaresources.com	All Inspections
Lind, Jennifer	(720) 508-8362	jlind@ursaresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
446581	WELL	XX	07/14/2016		045-23270	BMC D 32B-18-07-95	DG

General Comment:

[Drilling inspection. Notifications have been received for Spud and cement to date.](#)

LocationOverall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date: _____
Corrective Action:		

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:	Sound wall in place		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 446581 Type: WELL API Number: 045-23270 Status: XX Insp. Status: DG**Well Drilling**

Rig: Rig Name: Capstar 321 Pusher/Rig Manager: Richard McNeil
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

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

Drill Fluids**Management:**

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

Comment: Drilling surface at time of inspection.

Corrective Action: _____ Date: _____