

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402052144

Date Received:

05/22/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10447
Name of Operator: URSA OPERATING COMPANY LLC
Address: 792 BUCKHORN DR
City: RIFLE State: CO Zip: 81650

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Knudson, Dwayne	970-456-3335	dknudson@ursaresources.com
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 679704006
Inspection Date: 05/06/2019 FIR Submit Date: 05/08/2019 FIR Status:

Inspected Operator Information:

Company Name: URSA OPERATING COMPANY LLC Company Number: 10447
Address: 950 17TH STREET, SUITE 1900
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 335879

Location Name: BOIES-62S98W Number: 28SESE County: RIO BLANCO
Qtrqr: SESE Sec: 28 Twp: 2S Range: 98W Meridian: 6
Latitude: 39.840473 Longitude: -108.394358

FACILITY - API Number: 05-103-00 Facility ID: 291759

Facility Name: BOIES Number: C-28P-P3
Qtrqr: SESE Sec: 28 Twp: 2S Range: 98W Meridian: 6
Latitude: 39.840473 Longitude: -108.394358

CORRECTIVE ACTIONS:

1 CA# 124984

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). (condensate AST)

Date: 02/14/2019

Response: CA COMPLETED Date of Completion: 05/21/2019

Operator Comment: Liner repairs were completed in a more effective to ensure integrity

COGCC Decision: _____

COGCC Representative: _____

2 CA# 124985

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). (90 bbl produced water AST)

Date: 02/14/2019

Response: CA COMPLETED

Date of Completion: 05/21/2019

Operator Comment: Liner repairs were completed in a more effective to ensure integrity

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Please send to Rick Moran

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Dwayne Knudson

Signed: _____

Title: Environmental Manager

Date: 5/22/2019 10:35:23 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
402052148	Repair Photos
402052149	Repair Photos

Total Attach: 2 Files