

FORM  
INSPRev  
X/15State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

04/24/2020

Submitted Date:

04/24/2020

Document Number:

693801503

## FIELD INSPECTION FORM

 Loc ID 335538 Inspector Name: BROWNING, CHUCK On-Site Inspection  2A Doc Num: \_\_\_\_\_
**Operator Information:**
 OGCC Operator Number: 10447  
 Name of Operator: URSA OPERATING COMPANY LLC  
 Address: 792 BUCKHORN DR  
 City: RIFLE State: CO Zip: 81650
**Status Summary:**

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

**Findings:**

- 4 Number of Comments  
 1 Number of Corrective Actions  
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM  
 PREVIOUS INSPECTIONS THAT HAVE NOT  
 BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
Knudson, Dwayne	970-625-9922	dknudson@ursaresources.com	All Inspections
Koehler, Bob		bob.koehler@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
291070	WELL	IJ	05/15/2019	DSPW	045-14287	VALLEY FARMS F4	AC

**General Comment:**

Followup inspection to blowdown well due to high casing pressure noted on routine inspection Doc#693801500 on 4/20/2020.  
 Well failed to blowdown. Well shut in. Operator to schedule MIT.

**Inspected Facilities**

Facility ID: 291070 Type: WELL API Number: 045-14287 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: Other Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>2800</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>CZ-CR</u>
TC:	Pressure or inches of Hg <u>2715</u>	Previous Test Pressure _____	Last MIT: <u>07/10/2018</u>
Brhd:	Pressure or inches of Hg <u>50</u>	Previous Test Pressure _____	AnnMTReq: _____

Comment: Casing failed to blowdown. Well shut in.  
All injection wells which fail MIT or which are determined to lack mechanical integrity shall be shut in.

Corrective Action: Operator to perform MIT to verify mechanical integrity. Date: 05/25/2020

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment:

Corrective Action:  Date: \_\_\_\_\_