

**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:

03/25/2020

Submitted Date:

03/25/2020

Document Number:

701000339

FIELD INSPECTION FORM

Loc ID 411773 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 38 PALMER CREST CT
City: SPRING State: TX Zip: 77381

Findings:

- 11 Number of Comments
- 0 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
Jones, Greg	(970) 630-3909	greg.jones@ownresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
301924	WELL	PR	04/24/2010	GW	125-11672	JONES 41-19 1N44W	PR

General Comment:

Routine Inspection

Location

Lease Road:			
Type	Access		
comment:	Gravel road through pasture		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	OTHER		
Comment:	Lease sign mounted meter shed		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign mounted to fence at unit		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date:	<input type="text"/>

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	Metal panels around unit and wellhead		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Metal panels around meter shed		
Corrective Action:		Date:	

Equipment:				corrective date
Type: Gas Meter Run	# 1			
Comment:	Meter run on east side of location			
Corrective Action:		Date:		
Type: Ancillary equipment	# 1			
Comment:	Electric panel			
Corrective Action:		Date:		
Type: Deadman # & Marked	# 4			
Comment:				
Corrective Action:		Date:		

Type: Pump Jack	# 1		
Comment:	Jensen unit		
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 301924 Type: WELL API Number: 125-11672 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing. Casing production](#)

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT