

**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:

09/11/2020

Submitted Date:

09/11/2020

Document Number:

701001328

FIELD INSPECTION FORM
 Loc ID 416589 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

Address: 38 PALMER CREST CT

City: SPRING State: TX Zip: 77381

Status Summary:

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

Findings:

7 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
416597	WELL	WO	02/22/2011	SI	125-11833	SHIVELY 02-12	WO

General Comment:

Routine Inspection

Location

Lease Road:			
Type	Access		
comment:	Trail through pasture		
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	Lease sign by gate at entrance at highway 385. Update to current operator		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign by wellhead. Update to current operator		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Wire fence around entire location		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 416597 Type: WELL API Number: 125-11833 Status: WO Insp. Status: WO**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____Comment: Well is not completed and TA at time of inspection

Corrective Action: _____ Date: _____

Completion

Operation:

Date Flowback:

Contractor:

Comment:

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
Other	Pass	Compaction	Pass			

Comment: Location is grassed over

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT