

**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:

10/12/2020

Submitted Date:

10/31/2020

Document Number:

699601957

**FIELD INSPECTION FORM**

Loc ID 303356 Inspector Name: SCHURE, KYM 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:**

13 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                     |
|--------------|-------|------------------------------|-----------------------------|
| Dolezal, Pat |       | pat.dolezal@ownresources.com | <a href="#">Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 252961      | WELL | PR     | 06/06/1983  | GW         | 125-06838 | MURRAIN, M 3-30 | PR          |

**General Comment:**

[Routine FIR](#)

| Location   |   |        |                 |
|--|---|--------|-----------------|
| <b>Lease Road:</b>                                     |   |        |                 |
| Type   | Access                                    |        |                 |
| comment:   | Cropland with seasonal access             |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| Overall Good: <input type="checkbox"/>                 |   |        |                 |
| <b>Signs/Marker:</b>                                   |   |        |                 |
| Type   | WELLHEAD                                  |        |                 |
| Comment:   | Satisfactory                              |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| Type   | BATTERY                                   |        |                 |
| Comment:   | GMR                                       |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| Emergency Contact Number:                              |   |        |                 |
| Comment:   | satisfactory                              |        | Date: _____     |
| Corrective Action:                                     |   |        |                 |
| Overall Good: <input checked="" type="checkbox"/>      |   |        |                 |
| <b>Spills:</b>   |   |        |                 |
| Type   | Area                                      | Volume |                 |
| In Containment: No                                     |   |        |                 |
| Comment:   | NA  |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |   |        |                 |
| <b>Fencing/:</b>                                       |   |        |                 |
| Type   | WELLHEAD                                  |        |                 |
| Comment:   | Steel pipe                                |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| <b>Equipment:</b>                                      |   |        |                 |
|  |   |        | corrective date |
| Type: Gas Meter Run                                    | # 1                                       |        |                 |
| Comment:   | Calibration cert in place. Central MR (3) |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| Type: Other  | # 0                                       |        |                 |
| Comment:   | No change in equipment inventoried        |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| <b>Venting:</b>  |   |        |                 |
| Yes/No   | NO  |        |                 |
| Comment:   | NA  |        |                 |
| Corrective Action:                                     |   | Date:  |                 |
| <b>Flaring:</b>  |   |        |                 |
| Type   |   |        |                 |

|                    |       |
|--------------------|-------|
| Comment: NA        |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 252961 Type: WELL API Number: 125-06838 Status: PR Insp. Status: PR

**Producing Well**

Comment: [FGW](#)

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           | In Process      | Other                   | In Process            |               |                          |         |

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT