

**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:

11/06/2020

Submitted Date:

11/09/2020

Document Number:

699601985

**FIELD INSPECTION FORM**

Loc ID 303351 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:**

12 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
252953	WELL	PR	08/30/1994	GW	125-06830	BROPHY, T 32-12	PR

**General Comment:**

[Routine FIR](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Two track grassland - open range		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:
<b>Emergency Contact Number:</b>			
Comment:	Satisfactory		
Corrective Action:			Date: _____
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	PUMP JACK		
Comment:	Steel panel		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Gas Meter Run	# 1		corrective date
Comment:	Calibration cert in place		
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: 252953 Type: WELL API Number: 125-06830 Status: PR Insp. Status: PR

**Producing Well**

Comment: [GW](#)

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: [Use BMPs for erosion management](#)

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT