

**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:

11/19/2020

Submitted Date:

11/20/2020

Document Number:

699602060

FIELD INSPECTION FORM

Loc ID 303555 Inspector Name: SCHURE, KYM 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:

- 5 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	Inspections
Jones, Greg	(970) 332-3585	greg.jones@ownresources.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
253284	WELL	IJ	08/27/2014	DSPW	125-07161	CONRAD SWD 1	AC

General Comment:

[UIC-MIT \(5\) yr. SATISFACTORY](#)

Location

Lease Road:			
Type	Access		
comment:	Two track grassland - open range		
Corrective ActionL		Date:	

Overall Good:

Emergency Contact Number:	
Comment:	<input style="width: 80%;" type="text"/>
Corrective Action:	<input style="width: 80%;" type="text"/>
	Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 253284 Type: WELL API Number: 125-07161 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DKTA

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/20/2015

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 350 BH psi: _____

Insp. Status: Pass

Comment: Well held (350) psi throughout duration of (15) min. test Form 21 attached

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC/MIT (5) yr. SATISFACTORY</u>	<u>schureky</u>	<u>11/20/2020</u>

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
<u>699602093</u>	<u>Form 21 copy</u>	<u>http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5295676</u>