

**FORM  
INSP**Rev  
X/20

# 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:

11/19/2021

Submitted Date:

11/30/2021

Document Number:

701600509

**FIELD INSPECTION FORM**
 Loc ID 304870 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:**

9 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 275662      | WELL | PR     | 03/30/2005  | GW         | 125-09087 | NEWBANKS 3-14 | PR          |

**General Comment:**

Routine FIR - SATISFACTORY

**Location**

|                    |                     |       |  |
|--------------------|---------------------|-------|--|
| <b>Lease Road:</b> |                     |       |  |
| Type               | Access              |       |  |
| comment:           | Two track grassland |       |  |
| Corrective Action: |                     | Date: |  |

Overall Good: ☐

|                      |              |       |  |
|----------------------|--------------|-------|--|
| <b>Signs/Marker:</b> |              |       |  |
| Type                 | WELLHEAD     |       |  |
| Comment:             | Satisfactory |       |  |
| Corrective Action:   |              | Date: |  |

|                           |              |  |             |
|---------------------------|--------------|--|-------------|
| Emergency Contact Number: |              |  |             |
| Comment:                  | Satisfactory |  |             |
| Corrective Action:        |              |  | Date: _____ |

Overall Good: ☒

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment: NONE

☐ Multiple Spills and Releases?

|                    |             |       |  |
|--------------------|-------------|-------|--|
| <b>Fencing/:</b>   |             |       |  |
| Type               | WELLHEAD    |       |  |
| Comment:           | Steel panel |       |  |
| Corrective Action: |             | Date: |  |

|                    |                                    |       |                 |
|--------------------|------------------------------------|-------|-----------------|
| <b>Equipment:</b>  |                                    |       | corrective date |
| Type: Other        | # 0                                |       |                 |
| Comment:           | No change in equipment inventoried |       |                 |
| Corrective Action: |                                    | Date: |                 |

|                    |    |       |  |
|--------------------|----|-------|--|
| <b>Venting:</b>    |    |       |  |
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

|                    |  |       |  |
|--------------------|--|-------|--|
| <b>Flaring:</b>    |  |       |  |
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

| Inspected Facilities |        |       |      |             |           |         |    |               |    |
|----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:         | 275662 | Type: | WELL | API Number: | 125-09087 | 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:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT