

**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:

03/25/2022

Submitted Date:

03/30/2022

Document Number:

688312387**FIELD INSPECTION FORM**Loc ID 310975 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10699Name of Operator: OWN RESOURCES OPERATING LLCAddress: 38 PALMER CREST CTCity: 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 Comments0 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	970-332-3585	pat.dolezal@ownresources.com	
Jones, Greg	970-332-3585	greg.jones@ownresources.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
297311	WELL	PR	09/23/2008	GW	125-11368	WEEKS TRUST 14-25-2N47W	PR

General Comment:

Routine Field Inspection

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	lease sign at HWY 34		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-332-3585

Corrective Action:

Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 0		
Comment:	No Motor		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	shed, chard, 5/2021 calibration card is present		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	2021 and 2020 Form 17 is in COGCC database		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 297311 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____ Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ **Date:** _____

Comment: _____

Corrective Action: _____ **Date:** _____

On Site Inspection (305):Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities									
Facility ID:	297311	Type:	WELL	API Number:	125-11368	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	pr 1/1/2022 production is reported to COGCC database.								
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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment: [pasture](#)

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688300024	OWN Resources Weeks Trust 14-25	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709836