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

## FIELD INSPECTION FORM

Inspection Date: 03/31/2022
Submitted Date: 04/06/2022
Document Number: 688312499

Loc ID: 338371
Inspector Name: Sherman, Susan
On-Site Inspection: ☐
2A Doc Num:

**Status Summary:**

☒ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

8 Number of Comments
1 Number of Corrective Actions
☒ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Operator Information:**

OGCC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 38 PALMER CREST CT
City: SPRING State: TX Zip: 77381

**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 |
|---|---|---|---|---|---|---|---|
| 295929 | WELL | PR | 02/21/2009 | GW | 125-11263 | STATE 36-01 | PR |

**General Comment:**

Reinspection

Flowline riser cap at wellhead is off

## Location

Overall Good: ☒

| **Signs/Marker:** | | | |
|---|---|---|---|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-332-3585

Corrective Action: Date: _____

| **Good Housekeeping:** | | | |
|---|---|---|---|
| Type | OTHER | | |
| Comment: | Flowline riser at wellhead has no cap (see attached photo). | | |
| Corrective Action: | Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. | Date: | 04/08/2022 |

Overall Good: ☐

| **Spills:** | | | | | |
|---|---|---|---|---|---|
| Type | Area | Volume | | | |

In Containment: No

Comment:

☐ Multilple Spills and Releases?

| **Fencing/:** | | | |
|---|---|---|---|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| **Equipment:** | | | | corrective date |
|---|---|---|---|---|
| Type: Bradenhead | # 1 | | | |
| Comment: | 2021 Form 17 is in COGCC database | | | |
| Corrective Action: | | Date: | | |
| Type: Deadman # & Marked | # 4 | | | |
| Comment: | | | | |
| Corrective Action: | | Date: | | |
| Type: Prime Mover | # 0 | | | |
| Comment: | no motor | | | |
| Corrective Action: | | Date: | | |
| Type: Pump Jack | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | Date: | | |

Inspector Name: Sherman, Susan

**Tanks and Berms:**

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|---|---|---|---|---|---|
| | | | CENTRALIZED BATTERY | | , |

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

Paint

| | |
|---|---|
| Condition | |

| | |
|---|---|
| Other (Content) | |
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|---|---|---|---|---|
| | | | | |

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

**Venting:**

| | | | |
|---|---|---|---|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

**Flaring:**

| | | | |
|---|---|---|---|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

## Location Construction

Location ID: 295929 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: | 295929 | Type: | WELL | API Number: | 125-11263 | 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 | | | | | |

Comment: sandy pasture location

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 |
|---|---|---|
| 688312526 | OWN Resources State 36-01 REIN | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5716419 |