

FORM  
INSPRev  
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:

06/27/2023

Submitted Date:

07/14/2023

Document Number:

698600720

### FIELD INSPECTION FORM

Loc ID 337978 Inspector Name: St John, William (Cal) 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:**

14 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
Quint, Craig		craig.quint@state.co.us	
Dolezal, Pat	970-332-3585	pat.dolezal@ownresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159204	UIC DISPOSAL	AC	03/20/2008		-	GILBERT 1-3 SWD	AC

**General Comment:**

[UIC Routine 2023](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Well - Two track road off maintained county road.		
Corrective ActionL		Date:	
Type	Access		
comment:	Facility - Directly off maintained county road.		
Corrective ActionL		Date:	

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Emergency contact number posted at well, facility, and injection building signs.		
Corrective Action:		Date:	_____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	LOCATION		
Comment:	Facility has chain link fencing surrounding the entire location.		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Stock panel fencing.		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Other	# 1		
Comment:	Wellhead.		
Corrective Action:		Date:	

Type: Other	# 1	
Comment:	Filter for production water.	
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Type: Other	# 1	
Comment:	Fiberglass building protecting/insulating wellhead.	
Corrective Action:		Date:
Type: Other	# 1	
Comment:	Facility - Steel building containing injection equipment and controls.	
Corrective Action:		Date:
Type: Other	# 1	
Comment:	Electric injection pump.	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	400 BBLs	STEEL AST		
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 159204 Type: UIC API Number: - Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 649

UIC Routine

Inj./Tube: Pressure or inches of Hg 12 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg 25 Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Tubing = 12 psi Casing = 25 psi Bradenhead = Slight blow. Died immediately.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Comment: [No stormwater issues at time of inspection. Heavy rains in the area age developing run off patterns at the facility entrance \(SE entry gate\) and SW coner and W side inside fenced area.](#)

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**COGCC Comments**

Comment	User	Date
<a href="#">UIC Routine 2023 - Satisfactory.</a>	stjohnw	07/14/2023

**Attached Documents**

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

Document Num	Description	URL
698600749	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6182157">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6182157</a>