

**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:

02/05/2024

Submitted Date:

03/06/2024

Document Number:

698601631**FIELD INSPECTION FORM**Loc ID 304361 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10699Name of Operator: OWN RESOURCES OPERATING LLCAddress: 305 S RIDGE STREET #6279City: BRECKENRIDGE State: CO Zip: 80424**Status Summary:**

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

**Findings:**6 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	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
260312	WELL	PR	05/31/2007	GW	125-08304	BROWN 43-33	PR

**General Comment:**

Inspector is completing Follow-up inspection as required by FIRR. Follow-up inspection will ensure corrective actions taken by Operator adequately address and comply with rule requirements cited in 07/17/2023 FIR document number 698600775.

Location				
Overall Good: <input type="checkbox"/>				
Signs/Marker:				
Type	WELLHEAD			
Comment:	Well sign located at wellhead.			
Corrective Action:				Date:
Emergency Contact Number:				
Comment:	Corrective action completed. Emergency contact information posted on well sign.			
Corrective Action:				Date: _____
Good Housekeeping:				
Type	UNUSED EQUIPMENT			
Comment:	Corrective action completed. Unused equipment removed.			
Corrective Action:				Date:
Overall Good: <input type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No _____				
Comment:	Corrective action completed. No evidence of fluid or soil staining at time of inspection.			
<input type="checkbox"/> Multiple Spills and Releases?				
Venting:				
Yes/No	NO			
Comment:	Corrective action completed. Repairs made at wellhead and no active venting or fluid release noted at time on inspection.			
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Inspected Facilities									
Facility ID:	260312	Type:	WELL	API Number:	125-08304	Status:	PR	Insp. Status:	PR

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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 noted at time of inspection.

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
698601733	Inspection photos.	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6455810">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6455810</a>