

**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:

04/11/2024

Submitted Date:

04/12/2024

Document Number:

715200045

FIELD INSPECTION FORM

Loc ID 303493 Inspector Name: Welsh, Brian On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

ECMC Operator Number: 10699
 Name of Operator: OWN RESOURCES OPERATING LLC
 Address: 305 S RIDGE STREET #6279
 City: BRECKENRIDGE State: CO Zip: 80424

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	
Quint, Craig		craig.quint@state.co.us	
Taylor, Chad		chad.taylor@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
253188	WELL	IJ	05/01/2022	DSPW	125-07065	HELLING 2-13	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Trail through farm ground		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign mounted to fiberglass shed		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Metal signs by tanks at battery		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign by REA pole next to HWY 385		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Metal sign by water tank		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Tank battery 3/4 fenced with wire		
Corrective Action:		Date:	

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 253188 Type: WELL API Number: 125-07065 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0 PSIG</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Inj Zone: <u>LKTA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>04/06/2022</u>
			AnnMTReq: <u>NO</u>

Comment: CASING HAD A LIGHT VAC, DIED IMMEDIATELY. TBG WAS DEAD

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Other	Pass			

Comment: [Location and access are farmed over](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT