

**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:

715200047

FIELD INSPECTION FORM

Loc ID 303366 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:

- 7 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 | |
| Taylor, Chad | | chad.taylor@state.co.us | |
| Quint, Craig | | craig.quint@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 252995 | WELL | SI | 01/01/2024 | DSPW | 125-06872 | BONNY DISPOSAL WELL 1 | SI |

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:

| | | | |
|--------------------|--------------------|-------|--|
| | Type Access | | |
| comment: | Access off of CR 7 | | |
| Corrective Action: | | Date: | |

Overall Good:

Signs/Marker:

| | | | |
|--------------------|---------------------------------|-------|--|
| | Type WELLHEAD | | |
| Comment: | Lease sign mounted to pump shed | | |
| Corrective Action: | | Date: | |
| | Type TANK LABELS/PLACARDS | | |
| Comment: | Metal signs by water tanks | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

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

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| | | | |
|---------------------------|---|-------|-----------------|
| | | | corrective date |
| Type: Ancillary equipment | # 3 | | |
| Comment: | Electric panel, filter pot and electric transfer pump in metal shed | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------------|---|----------|----------------|---------|-----------------------|
| PRODUCED WATER | 3 | OTHER | FIBERGLASS AST | | 39.673330,-102.233400 |
| Comment: 3-750bbls tanks | | | | | |
| Corrective Action: | | | | Date: | |

Paint

| | | | |
|------------------|---------|--|--|
| Condition | | | |
| Other (Content) | | | |
| Other (Capacity) | 750bbls | | |
| Other (Type) | | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

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

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 252995 Type: WELL API Number: 125-06872 Status: SI Insp. Status: SI

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>05/05/2020</u> |
| | | | AnnMTReq: <u>NO</u> |

Comment: WELL IS SI AT TIME OF INSPECTION. CASING HAD LIGHT PUFF, DIED IMMEDIATELY. TBG SI

Corrective Action: _____ Date: _____

Method of Injection: PUMP 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT