

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:

05/09/2024

Submitted Date:

05/22/2024

Document Number:

698602061

## FIELD INSPECTION FORM

Loc ID 311880 Inspector Name: St John, William (Cal) On-Site Inspection  2A Doc Num: \_\_\_\_\_

### 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

### Status Summary:

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

### Findings:

12 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      | E Compliance Supervisor |
| Dolezal, Pat | 970-332-3585 | pat.dolezal@ownresources.com |                         |
| Taylor, Chad |              | chad.taylor@state.co.us      |                         |

### Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name             | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|
| 295063      | WELL | IJ     | 02/13/2019  | DSPW       | 125-11177 | BROPHY WDW 42-13<br>4N46W | AC          |

### General Comment:

Routine 2024 UIC inspection.

**Location**

|                    |                                       |  |       |
|--------------------|---------------------------------------|--|-------|
| <b>Lease Road:</b> |                                       |  |       |
| Type               | Access                                |  |       |
| comment:           | Two track off maintained County Road. |  |       |
| Corrective ActionL |                                       |  | Date: |

Overall Good:

|                      |  |  |       |
|----------------------|--|--|-------|
| <b>Signs/Marker:</b> |  |  |       |
| Type                 | WELLHEAD                                       |  |       |
| Comment:             | Well lease sign located at wellhead.           |  |       |
| Corrective Action:   |  |  | Date: |
| Type                 | OTHER  |  |       |
| Comment:             | Well lease sign posted at access intersection. |  |       |
| Corrective Action:   |  |  | Date: |

|                           |  |  |             |
|---------------------------|--|--|-------------|
| Emergency Contact Number: |  |  |             |
| Comment:                  | Emergency contact information posted on well lease sign. |  |             |
| Corrective Action:        |  |  | Date: _____ |

Overall Good:

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

|  |   |
|--|---|
| In Containment: No                                     |   |
| Comment:   | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Multiple Spills and Releases? |   |

|                    |                              |  |       |
|--------------------|------------------------------|--|-------|
| <b>Fencing/:</b>   |                              |  |       |
| Type               | WELLHEAD                     |  |       |
| Comment:           | Steel tube and post barrier. |  |       |
| Corrective Action: |                              |  | Date: |

|                           |   |  |                 |
|---------------------------|---|--|-----------------|
| <b>Equipment:</b>         |   |  | corrective date |
| Type: Ancillary equipment | # 1   |  |                 |
| Comment:                  | Wellhead.Tubing in the wellbore. Tubing valve open. Casing valve not connected. |  |                 |
| Corrective Action:        |   |  | Date:           |
| Type: Bradenhead          | # 1   |  |                 |
| Comment:                  | Bradenhead plumbed to surface.  |  |                 |
| Corrective Action:        |   |  | Date:           |

|                    |    |  |       |
|--------------------|----|--|-------|
| <b>Venting:</b>    |    |  |       |
| Yes/No             | NO |  |       |
| Comment:           |    |  |       |
| Corrective Action: |    |  | Date: |

|                 |  |  |  |
|-----------------|--|--|--|
| <b>Flaring:</b> |  |  |  |
| Type            |  |  |  |

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

**Inspected Facilities**

Facility ID: 295063 Type: WELL API Number: 125-11177 Status: IJ Insp. Status: AC

**Underground Injection Control**

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

UIC Routine

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>-10</u><br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____                   |
| TC:        | Pressure or inches of Hg <u>-5</u>                               | Previous Test Pressure _____ | Inj Zone: <u>MRSN</u>       |
| Brhd:      | Pressure or inches of Hg <u>0.0</u>                              | Previous Test Pressure _____ | Last MIT: <u>05/03/2023</u> |
|            |  |                              | AnnMTReq: _____             |

Comment: Tubing - -10 (vacuum) Casing - -5 (vacuum) Bradenhead 0.0 psig.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT

**ECMC Comments**

| Comment   | User    | Date       |
|---|---------|------------|
| <a href="#">UIC Routine 2024 – Satisfactory</a> | stjohnw | 05/22/2024 |

**Attached Documents**

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

| Document Num | Description        | URL   |
|--------------|--------------------|---|
| 698602089    | Inspection photos. | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6558766">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6558766</a> |