

**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:

03/17/2025

Submitted Date:

03/21/2025

Document Number:

698603337**FIELD INSPECTION FORM**Loc ID 304888 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC 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:2 Number of Comments1 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
275840	WELL	PR	04/11/2005	GW	125-09105	BRYCE DAY 3-24	PR

General Comment:

Inspector completed Follow-up inspection 03/17/2025 as required by FIR to ensure corrective actions taken by Operator adequately address and comply with rule requirements cited in 01/14/25 FIR document number 698603023. Corrective actions have not been performed to identify well associated with separation equipment.

LocationOverall Good: ☐**Signs/Marker:**

Type	OTHER		
Comment:	Separator at shared location has no signage to determine well association. Current signage at location indicates unmarked separator may belong to Bryce Day 3-24 or Lazy Day 4-24. Based on signage and equipment on location Inspector is unable to determine well assignment.		
Corrective Action:	Install sign to comply with Rule 605.e. Assigned corrective action dates remains the same to document period of non-compliance.	Date:	02/20/2025

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

