

**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:

04/15/2025

Submitted Date:

04/22/2025

Document Number:

719000025

**FIELD INSPECTION FORM**Loc ID 326670 Inspector Name: GARCIA, CHARLES On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

ECMC Operator Number: 10663

Name of Operator: ENDURING RESOURCES LLC

Address: 6300 S SYRACUSE WAY, SUITE 525

City: CENTENNIAL State: CO Zip: 80111

**Status Summary:**

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

**Findings:**

16 Number of Comments

1 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         |
|---------------------|-------|-----------------------------------|-----------------|
| Walter, Klye        |       | kwalter@enduringresources.com     | SJB inspections |
| Kosola, Jason       |       | jason.kosola@state.co.us          |                 |
| Labowskie, Steve    |       | steve.labowskie@state.co.us       |                 |
| Huntington, Heather |       | hhuntington@enduringresources.com | SJB inspections |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 261957      | WELL | PR     | 02/02/2002  | CBM        | 067-08667 | Mason 2-4     | PR          |

**General Comment:**

Inspection Report Summary  
On 4-8-25 I Inspector Charles Garcia  
conducted an on-site inspection.  
Location: Manson2-4  
Operator: Enduring resources  
API#: 067-08667  
County: LaPlata

Separator and partially buried vessel have been removed since last compliance inspection. No Form 42 notice of major change or Form 27s in well file. See Equipment and Tank sections for corrective actions.

**Location****Lease Road:**

|                   |        |       |  |
|-------------------|--------|-------|--|
| Type              | Access |       |  |
| comment:          | Gravel |       |  |
| Corrective Action | L      | Date: |  |

Overall Good: ☐**Signs/Marker:**

|                    |                              |       |  |
|--------------------|------------------------------|-------|--|
| Type               | OTHER                        |       |  |
| Comment:           | Sign at entrance of location |       |  |
| Corrective Action: |                              | Date: |  |

**Emergency Contact Number:**

|                    |                       |       |  |
|--------------------|-----------------------|-------|--|
| Comment:           | 1-800-916-7897 or 911 |       |  |
| Corrective Action: |                       | Date: |  |

Overall Good: ☐**Spills:**

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

|                    |                                |       |  |
|--------------------|--------------------------------|-------|--|
| Type               | LOCATION                       |       |  |
| Comment:           | 6 ft chainlink around location |       |  |
| Corrective Action: |                                | Date: |  |

**Equipment:**

|                           |   |       |                 |
|---------------------------|---|-------|-----------------|
| Type: Bradenhead          | # 1   |       | corrective date |
| Comment:                  |   |       |                 |
| Corrective Action:        |   | Date: |                 |
| Type: Ancillary equipment | # 1   |       |                 |
| Comment:                  | Chemical tank and pump on spill prevention. |       |                 |
| Corrective Action:        |   | Date: |                 |
| Type: Deadman # & Marked  | # 4   |       |                 |
| Comment:                  |   |       |                 |
| Corrective Action:        |   | Date: |                 |
| Type: Gas Meter Run       | # 1   |       |                 |
| Comment:                  |   |       |                 |
| Corrective Action:        |   | Date: |                 |
| Type: Pig Station         | # 1   |       |                 |
| Comment:                  |   |       |                 |
| Corrective Action:        |   | Date: |                 |

|                           |  |       |
|---------------------------|--|-------|
| Type: Other               | # 1  |       |
| Comment:                  | Meter house Last meter calibration 11-18-24  |       |
| Corrective Action:        |  | Date: |
| Type: Other               | # 1  |       |
| Comment:                  | Well Head  |       |
| Corrective Action:        |  | Date: |
| Type: Prime Mover         | # 1  |       |
| Comment:                  | Hydraulic  |       |
| Corrective Action:        |  | Date: |
| Type: Flow Line           | # 3  |       |
| Comment:                  | In use - 2" steel line from wellhead tubing to separator inlet. All points co-located.<br>In use - 4" steel line from wellhead casing to separator inlet. All points co-located.<br>In use - 4" steel line from separator outlet to gas meter inlet. All points co-located |       |
| Corrective Action:        |  | Date: |
| Type: Pump Jack           | #  |       |
| Comment:                  | Vertical rod pump.   |       |
| Corrective Action:        |  | Date: |
| Type: Ancillary equipment | # 1  |       |
| Comment:                  | Telemetry equipment.   |       |
| Corrective Action:        |  | Date: |
| Type: Ancillary equipment | # 1  |       |
| Comment:                  | Electrical service equipment.  |       |
| Corrective Action:        |  | Date: |

**Tanks and Berms:**

| Contents           | #   | Capacity | Type      | Tank ID | SE GPS           |
|--------------------|---|----------|-----------|---------|------------------|
| PRODUCED WATER     | 0   | OTHER    | PBV STEEL |         | ,                |
| Comment:           | 95 bbl partially buried vessel at has been removed, no notice of major change or form 27 in well file |          |           |         |                  |
| Corrective Action: | File Form 27 and follow up with SW EPS Jason Kosola about required sampling                           |          |           |         | Date: 07/15/2025 |

**Paint**

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

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
|                    |          |                     |                     |             |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

|        |  |
|--------|--|
| Yes/No |  |
|--------|--|

|                    |  |       |  |
|--------------------|--|-------|--|
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |
| <b>Flaring:</b>    |  |       |  |
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

| Inspected Facilities    |                            |       |                        |             |           |         |    |               |    |
|-------------------------|----------------------------|-------|------------------------|-------------|-----------|---------|----|---------------|----|
| Facility ID:            | 261957                     | Type: | WELL                   | API Number: | 067-08667 | Status: | PR | Insp. Status: | PR |
| Producing Well          |                            |       |                        |             |           |         |    |               |    |
| Comment:                |                            |       |                        |             |           |         |    |               |    |
| Corrective Action:      |                            |       |                        | Date:       |           |         |    |               |    |
| BradenHead              |                            |       |                        |             |           |         |    |               |    |
| Date of Last Brhd Test: | 01/30/2025                 |       | Annual Brhd Completed? | Yes         |           |         |    |               |    |
| Last Brhd Test Results  | Initial Surf Csg Pressure: | 0     |                        | Fluid Type: |           |         |    |               |    |
|                         | End Surf Csg Pressure:     | 0     |                        |             |           |         |    |               |    |
| Comment:                |                            |       |                        |             |           |         |    |               |    |
| Corrective Action:      |                            |       |                        | Date:       |           |         |    |               |    |

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

Attached Documents

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

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 404174173    | INSPECTION SUBMITTED | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7015994">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7015994</a> |
| 719000027    | Location pictures    | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7015989">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7015989</a> |