

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

09/05/2025

Submitted Date:

09/11/2025

Document Number:

698603913

**FIELD INSPECTION FORM**

Loc ID: 304918 Inspector Name: St John, William (Cal) 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:**

- 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
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
276383	WELL	PR	05/31/2005	GW	125-09143	TUSTIN 43-29	PR

**General Comment:**

[This is a field audit of the scout card, related documents and the location.](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective ActionL			Date:
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Lease sign at wellhead location.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<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:	Stock panel fencing around surface equipment at well location.		
Corrective Action:			Date:
<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 1		
Comment:	Wellhead. Casing production. Rods may or may not be in the wellbore at the time of inspection. Polish Rod is leaned up against fencing at wellhead. Tubing is in the wellbore. Tubing valve closed Casing valve open.  Well appears to be open to atmosphere at time of inspection.		
Corrective Action:	Inspect and service the wellhead, tree, and related surface control equipment to comply with Rule 603.c.(14).		Date: <u>09/27/2025</u>
Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:			Date:
Type: Vertical Separator	# 0		
Comment:			
Corrective Action:			Date:
Type: Dehydrator	# 1		
Comment:	Dehydrator (Drip Bottle) on gas meter run inlet.		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		

Comment:	Digital Gas Meter Run. Meter Calibration/Test Log dated 8-19-24. Well Inlet Valve open. Gas Outlet Valve open. **Meter due calibration**.		Date:	
Corrective Action:			Date:	
Type: Pump Jack	# 1			
Comment:	Bridle was not on Pump Jack at time of inspection. Pumping Unit is not connected to the well.		Date:	
Corrective Action:			Date:	
Type: Ancillary equipment	# 1			
Comment:	Pump Jack Power and Control Panel.		Date:	
Corrective Action:			Date:	
Type: Bradenhead	# 1			
Comment:	Bradenhead plumbed to surface.		Date:	
Corrective Action:			Date:	
Type: Other	# 1			
Comment:	Flowline mounted Meter Run Box.		Date:	
Corrective Action:			Date:	

**Venting:**

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

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 276383 CDP: \_\_\_\_\_

Comment:

Corrective Action:

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

**Form 2A COAs:**

**Comment:**

Corrective Action:

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

**Wildlife BMPs:**

**Comment:**

Corrective Action:

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

**Comment:**

**Corrective Action:**

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

**On Site Inspection (305):**

Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

**Inspected Facilities**

Facility ID: 276383 Type: WELL API Number: 125-09143 Status: PR Insp. Status: PR

**Producing Well**

Comment: Tubing valve closed. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.  
Electronic Well File reflects last Production/Status reported 7/1/2025 and Well Status as PR. Based on current valve settings at time of inspection the well is PR.

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

**Attached Documents**

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

Document Num	Description	URL
404352616	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7230573">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7230573</a>
698603931	Inspection photos.	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7230570">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7230570</a>