

**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:

10/08/2025

Submitted Date:

10/15/2025

Document Number:

720900099

FIELD INSPECTION FORM

Loc ID 336949 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:

- 23 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 280911 | WELL | PR | 08/01/2023 | GW | 125-09604 | STONE 21-25 | PR |

General Comment:

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

| Location | | | |
|--|---|--------|-------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Two track off maintained County Road. | | |
| Corrective Action: | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | Lease sign posted at remote Gas Meter Run. | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Content/Quantity/Hazard sign at produced water tank. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Lease sign at wellhead location. | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | Lease sign posted at access trail intersection. | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | Emergency contact information posted on Lease sign. | | Date: _____ |
| Corrective Action: | | | |
| Good Housekeeping: | | | |
| Type | OTHER | | |
| Comment: | Soil staining noted around Remote Gas Meter Shed. | | |
| Corrective Action: | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | OTHER | | |
| Comment: | Stock panel fencing around surface equipment at remote gas metering location. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Stock panel fencing around surface equipment at well location. | | |
| Corrective Action: | | Date: | |

| Equipment: | | | corrective date |
|---------------------------|---|--|-------------------------|
| Type: Dehydrator | # 1 | | |
| Comment: | Dehydrator (Drip Bottle) on gas meter run inlet. | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | Remote Gas Meter Run located at Stone 1-24 API 125-06135 at shared gathering location. Digital Gas Meter Run. Meter Calibration/Test Log dated 10-6-25. Well Inlet Valve open. Gas Outlet Valve open. | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | Flowline riser at wellhead with valve and plug. | | |
| Corrective Action: | | | Date: |
| Type: Other | # 1 | | |
| Comment: | Remote Gas Meter Shed. | | |
| Corrective Action: | | | Date: |
| Type: Bradenhead | # 1 | | |
| Comment: | Bradenhead plumbed to surface. | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Wellhead. Casing production. Rods and tubing removed from the wellbore. Casing valve open. | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | Off-Location Flowline - Suspect possible production flowline integrity failure at transfer point. Wet damp soil surrounding Remote Gas Meter Run Shed. What appears to be possible Algae growth at ground surface around Drip Bottle and Meter Shed exterior wall. Review of previously unpublished inspection photos indicate moisture in the same area 8/26/2024. | | |
| Corrective Action: | Conduct flowline pressure testing to include flowline segments from well production flowline, Drip Bottle and the sales line isolation valve downstream of Gas Meter. Per Rule 1104.b guidance. | | Date: <u>11/15/2025</u> |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|----------------|---------|-----------------------|
| PRODUCED WATER | 1 | OTHER | PBV FIBERGLASS | | 40.030310,-102.353080 |
| Comment: | Production tank located at well location. | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | |
| Other (Capacity) | 210 BBL |
| Other (Type) | |

| Berms | | | | |
|-----------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: <i>None.</i> | | | | |
| Corrective Action: | | | | Date: |

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

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

Location Construction

Location ID: 280911 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: No COA's.

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: 280911 Type: WELL API Number: 125-09604 Status: PR Insp. Status: PR

Producing Well

Comment: [Rods and tubing removed from the wellbore. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.](#)

[Electronic Well File reflects last Production/Status reported 8/1/2025 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

ECMC Comments

| Comment | User | Date |
|--|---------|------------|
| Notified Field Forman 10/9/25 at approximately 11:30. Inspector has had additional discussions with Field Forman and Operator's Compliance Representative. Plan is in place to complete pressure testing on Off Location Flowline. | stjohnw | 10/15/2025 |

Attached Documents

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

| Document Num | Description | URL |
|--------------|--------------------|---|
| 720900100 | Inspection photos. | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7282712 |