

**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:

10/21/2025

Submitted Date:

10/24/2025

Document Number:

720900112

FIELD INSPECTION FORM

Loc ID 310977 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:

19 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
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
297313	WELL	PR	07/23/2008	GW	125-11370	WEEKS TRUST 24-25 2N47W	PR

General Comment:

This is a Work-over Rig field audit for planned/scheduled well maintenance as announced by Operator through submission of Form 42 for Notice of Move-In, Rig-up. Audit will include review of the scout card, related documents and the location inspection.

Location			
Lease Road:			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective ActionL			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign at wellhead location.		
Corrective Action:			Date:
Type	OTHER		
Comment:	Rig information sign posted at CR and access road.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
Corrective Action:			Date: _____
Good Housekeeping:			
Type	OTHER		
Comment:	Location found to be clean and orderly. Location secure with required safety equipment in use.		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	_____		
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Stock panel fencing around surface equipment at well location. Partially opened up for wellbore work-over.		
Corrective Action:			Date:
Equipment:			
			corrective date
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead. Casing production. Wellbore work-over in progress. Rods and pump removed from wellbore. Tubing in the wellbore. Tubing valve closed. Casing valve open.		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		

Comment:	Pump Jack Power and Control Panel.		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	Bridle disconnected for wellbore work-over.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Pump Jack welded steel pipe base.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Gas Meter Run. Chart in Meter Box dated 10-1-2025. Meter Calibration/Test Log dated 1-9-25. Well Inlet Valve open. Gas Outlet		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Gas Meter Shed.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 297313 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: 297313 Type: WELL API Number: 125-11370 Status: PR Insp. Status: PR

Producing Well

Comment: Rods removed and tubing in wellbore. 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 8/1/2025 and Well Status as PR. Based on current valve settings at time of inspection the well is PR.

Corrective Action: _____ **Date:** _____

Workover

Comment: Bohler Well Service LLC, Workover Rig #7 is currently on site. Rods w/pump string removed from wellbore. Tubing string to be tripped out and hydro testing when being tripped back into the wellbore.
Service Rig sign at CR intersection.
Rig floor and walkway safety barriers and equipment in use.
Personal PPE in use.

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: No stormwater issues noted at time of inspection.

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
720900124	Inspection photos.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7296202