

**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:

11/20/2025

Submitted Date:

11/23/2025

Document Number:

720900249

FIELD INSPECTION FORM

Loc ID 303029 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 |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 252287 | WELL | PR | 04/15/2009 | GW | 125-06157 | STATE OF COLORADO 2 | 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. Active agricultural cropland with seasonal access to well location. | | |
| Corrective ActionL | | | Date: |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign at wellhead location. | | |
| Corrective Action: | | | Date: |
| 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: |
| Emergency Contact Number: | | | |
| Comment: | Emergency contact information posted on Lease sign. | | |
| Corrective Action: | | | Date: _____ |
| Good Housekeeping: | | | |
| Type | WEEDS | | |
| Comment: | Dried weeds and vegetation at well location. | | |
| 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 | WELLHEAD | | |
| Comment: | Stock panel fencing around surface equipment at well location. | | |
| Corrective Action: | | | Date: |
| Equipment: | | | |
| Type: Vertical Separator | # 0 | | corrective date |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | Flowline riser at remote gas meter run with valve and plug. | | |

| | | | |
|---------------------------|---|-------|--|
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | Bradenhead plumbed to surface. | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | Remote Gas Meter Run located on CR 52 & Access at gathering location. Digital Gas Meter Run. Meter Calibration/Test Log dated 5-5-25. Well Inlet Valve open. Gas Outlet Valve open. | | |
| Corrective Action: | | Date: | |
| Type: Other | # 1 | | |
| Comment: | Remote Gas Meter Shed. | | |
| Corrective Action: | | Date: | |
| Type: Dehydrator | # 1 | | |
| Comment: | Dehydrator (Drip Bottle) on gas meter run inlet. | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Wellhead. Casing production. Rods removed and tubing in the wellbore. Tubing valve open. Casing valve open. | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---------------------------------------|----------|---------------|---------|-----------------------|
| PRODUCED WATER | 1 | 200 BBLS | BV FIBERGLASS | | 40.321730,-102.526030 |
| Comment: | Located at remote gathering location. | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| | | | | |
| Comment: | None. | | | |
| Corrective Action: | | | | Date: |

Venting:

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

Flaring:

| | |
|----------|--|
| Type | |
| Comment: | |

| | |
|--------------------|-------|
| Corrective Action: | Date: |
|--------------------|-------|

Location Construction

Location ID: 252287 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: 252287 Type: WELL API Number: 125-06157 Status: PR Insp. Status: PR

Producing Well

Comment: Tubing in wellbore. Tubing valve open. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.

Electronic Well File reflects last Production/Status reported 9/1/2025 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: 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 |
|--------------|--------------------|---|
| 720900259 | Inspection photos. | https://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7345164 |