

**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:

12/09/2025

Submitted Date:

12/12/2025

Document Number:

720900439

**FIELD INSPECTION FORM**

Loc ID 303086 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:**

17 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 252434      | WELL | PR     | 01/26/1994  | GW         | 125-06308 | LUEKING 3-19  | PR          |

**General Comment:**

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

| <b>Location</b>  |  |        |                 |
|--|--|--------|-----------------|
| <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. Sticker over previous operator information is peeling and requires replacement.                         |        |                 |
| 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 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>                                      |  |        |                 |
| Type: Other  | # 4  |        | corrective date |
| Comment:   | Concrete pilings.  |        |                 |
| Corrective Action:                                     |  | Date:  |                 |
| Type: Gas Meter Run                                    | # 1  |        |                 |
| Comment:   | Gas Meter Run. Chart in Meter Box dated 12-1-25. Meter Calibration/Test Log dated 12-2-25. Well Inlet Valve open. Gas Outlet Valve open. |        |                 |
| Corrective Action:                                     |  | Date:  |                 |
| Type: Prime Mover                                      | # 0  |        |                 |
| Comment:   | Electric Drive Motor removed at time of inspection.  |        |                 |
| Corrective Action:                                     |  | Date:  |                 |
| Type: Other  | # 1  |        |                 |
| Comment:   | Gas Meter Shed.  |        |                 |
| Corrective Action:                                     |  | Date:  |                 |
| Type: Ancillary equipment                              | # 1  |        |                 |
| Comment:   | Pump Jack Power and Control Panel.   |        |                 |
| Corrective Action:                                     |  | Date:  |                 |

|                           |  |  |       |
|---------------------------|--|--|-------|
| Type: Ancillary equipment | # 1  |  |       |
| Comment:                  | Wellhead. Casing production. Rods and tubing in the wellbore. Tubing valve not connected. Casing valve open. |  |       |
| Corrective Action:        |  |  | Date: |
| Type: Deadman # & Marked  | # 1  |  |       |
| Comment:                  | Anchor marker noted down.  |  |       |
| Corrective Action:        |  |  | Date: |
| Type: Flow Line           | # 1  |  |       |
| Comment:                  | Flowline riser at wellhead with valve and plug.  |  |       |
| Corrective Action:        |  |  | Date: |
| Type: Pump Jack           | # 1  |  |       |
| Comment:                  |  |  |       |
| Corrective Action:        |  |  | Date: |
| Type: Bradenhead          | # 1  |  |       |
| Comment:                  | Bradenhead plumbed to surface.   |  |       |
| Corrective Action:        |  |  | Date: |

**Venting:**

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

**Flaring:**

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

**Location Construction**

Location ID: 252434 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: 252434 Type: WELL API Number: 125-06308 Status: PR Insp. Status: PR

**Producing Well**

Comment: Rods and tubing in wellbore. Tubing valve not connected. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.

Electronic Well File reflects last Production/Status reported 10/1/2025 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   |
|--------------|---------------------|---|
| 720900460    | Field audit photos. | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7372339">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7372339</a> |