

**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:

12/08/2025

Submitted Date:

12/10/2025

Document Number:

720900401

FIELD INSPECTION FORM

Loc ID: 303854 Inspector Name: St John, William (Cal) On-Site Inspection: 2A Doc Num: _____

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

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

- 18 Number of Comments
- 2 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
253711	WELL	PR	05/24/1995	GW	125-07589	WAKEFIELD 24-12	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 ActionL			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	OTHER		
Comment:	Lease sign posted at access trail intersection.		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Lease sign at wellhead location.		
Corrective Action:			Date:
Type	BATTERY		
Comment:	No Lease sign posted at remote Gas Meter Run.		
Corrective Action:	Install sign to comply with Rule 605.e.		Date: 01/09/2026
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
Corrective Action:			Date: _____
Good Housekeeping:			
Type	OTHER		
Comment:	Pack rat nest at Pump Jack gear box.		
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:
Type	OTHER		
Comment:	Stock panel fencing around surface equipment at remote gas metering location.		
Corrective Action:			Date:
Equipment:			
Type: Ancillary equipment	# 1		corrective date
Comment:	Pump Jack Power and Control Panel.		

Corrective Action:		Date:	
Type: Vertical Heated Separator	# 0		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Remote Gas Meter Run located on Access at gathering location. Digital Gas Meter Run. Meter Calibration/Test Log dated 9-9-25. Well Inlet Valve open. Gas Outlet Valve open.		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Separator/Meter Shed at remote Gas Meter Run.		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead. Casing production. Rods and tubing in the wellbore. Tubing valve closed. Casing valve open.		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 253711 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: 253711 Type: WELL API Number: 125-07589 Status: PR Insp. Status: PR

Producing Well

Comment: Rods 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 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	Fail			

Comment: [Approximately 60' long erosion channel in two track access to well site. Erosion channel moves down grade and is approximately 3' wide at widest point carrying sediment off location and creating sediment plume at bottom of grade.](#)

Corrective Action: [Install or repair required BMPs per Rule 1002.f.\(2\)C](#)

Date: 12/15/2025

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
404468688	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7369693
720900429	Field audit photos.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7369690