

**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:

12/16/2025

Submitted Date:

12/17/2025

Document Number:

720900470

FIELD INSPECTION FORM

Loc ID 337290 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:

16 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
284653	WELL	PR	11/19/2009	GW	125-10009	DEVLIN 12-9	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	OTHER		
Comment:	Lease sign posted at access trail intersection.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
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.		
Corrective Action:			Date:
Equipment:			
Type: Ancillary equipment	# 1		corrective date
Comment:	Pump Jack Power and Control Panel.		
Corrective Action:			Date:
Type: Vertical Separator	# 0		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Flowline mounted Meter Run Box.		
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:			Date:

Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Pump Jack Cement Pad.		
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 and tubing in the wellbore. Tubing valve open. Casing valve open.		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	Digital Gas Meter Run. ***Meter Calibration/Test Log is missing from meter box and requires replacement***. Well Inlet Valve open. Gas Outlet Valve open.		
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Location Construction

Location ID: 284653 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: 284653 Type: WELL API Number: 125-10009 Status: PR Insp. Status: PR

Producing Well

Comment: Rods and 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 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

Attached Documents

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

Document Num	Description	URL
720900484	Field audit photos.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7379947