

FORM
INSPRev
X/20

State of Colorado Energy and Carbon Management Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

01/07/2026

Submitted Date:

01/11/2026

Document Number:

720900520

FIELD INSPECTION FORM

Loc ID 304067 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:

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
254019	WELL	PR	09/03/1996	GW	125-07897	WILLIAMS 14-21	PR

General Comment:

This is a field audit of the scout card, related documents and the location.

On 01/7/2026 at approximately 1:30 PM Inspector arrived at well location to conduct a field audit of well equipment and location. Upon arrival well was discovered to be leaking fluid at the packing on the wellhead. Notified OWN Field Supervisor at 1:35 PM via text message. Received text from Field Supervisor that Lease Operator was enroute to location. Lease Operator arrived at the location at 1:40 PM and initiated repairs. There is no standing fluid at wellhead and lease operator will turn soil around the wellhead.

Location			
Lease Road:			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective Action:		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:	
Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		Date: _____
Corrective Action:			
Good Housekeeping:			
Type	OTHER		
Comment:	Soil staining noted around Wellhead.		
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: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Separator/Meter Shed.		

Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:	2-Phase.		
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 open. Casing valve open. Well was discovered to be leaking fluid at the packing. Lease Operator completed repairs while Inspector was on location. There is no standing fluid at wellhead and Lease Operator will turn soil around the wellhead.		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	Flowline riser (Dogleg) at well location.		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Digital Gas Meter Run. Meter Calibration/Test Log dated 9-18-25. Well Inlet Valve open. Gas Outlet Valve open.		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	Flowline riser at well location with valve and no plug. **Open ended valve missing plug**.		
Corrective Action:		Date:	
Type: Vertical Heated Separator	# 0		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 254019 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: 254019 Type: WELL API Number: 125-07897 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 11/1/2025 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
720900550	Audit photos.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7411046