

**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:

01/07/2026

Submitted Date:

01/11/2026

Document Number:

720900521

**FIELD INSPECTION FORM**

Loc ID 304066 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
254018	WELL	PR	10/22/2008	GW	125-07896	WILLIAMS 13-21	PR

**General Comment:**

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

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
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.		Date: _____
Corrective Action:			
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: Vertical Separator	# 1		corrective date
Comment:	2-Phase.		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric Motor.		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:		Date:	
Type: Vertical Heated Separator	# 0		
Comment:			
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 closed. Casing valve open.		
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Separator/Meter Shed.		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
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:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 254018 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: 254018 Type: WELL API Number: 125-07896 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 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
720900549	Audit photos.	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7411045">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7411045</a>