

FORM
INSPRev
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:

01/02/2026

Submitted Date:

01/12/2026

Document Number:

720900503

FIELD INSPECTION FORM

Loc ID 303519 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:

14 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
253225	WELL	PR	03/11/1985	GW	125-07102	JONES 2	PR

General Comment:

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

[Inspector completed Follow-up audit 01/02/2026 as required by FIR to ensure corrective actions taken by Operator adequately address and comply with rule requirements cited in 08/30/2024 FIR document number 698602330. Operator has submitted FIRR. All corrective actions identified in FIR have been completed.](#)

Location

Lease Road:			
Type	Access		
comment:	Two track off maintained County Road.		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign at wellhead location.		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Content/Quantity/Hazard sign at produced water tank.		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	Emergency contact information posted on Lease sign.		
Corrective Action:		Date:	

Overall Good:

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:			corrective date
Type: Gas Meter Run	# 1		
Comment:	Gas Meter Run. Chart in Meter Box dated 1-2-26. Meter Calibration/Test Log dated 12-23-25. Well Inlet Valve open. Gas Outlet Valve open.		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Separator/Meter Shed. Roof damaged.		
Corrective Action:		Date:	

Type: Vertical Separator	# 1	
Comment:	2-Phase vertical separator.	
Corrective Action:		Date:
Type: Ancillary equipment	# 1	
Comment:	Wellhead. Casing production. Rods removed and tubing in the wellbore. Tubing valve open. Casing valve closed.	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	PBV FIBERGLASS		40.044910,-102.328560
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Location Construction

Location ID: 253225 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: 253225 Type: WELL API Number: 125-07102 Status: PR Insp. Status: PR

Producing Well

Comment: Rods removed and tubing in wellbore. Tubing valve open. Casing valve closed. 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
720900560	Field audit photos.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7412228