

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:

01/06/2026

Submitted Date:

01/12/2026

Document Number:

720900514

FIELD INSPECTION FORM

Loc ID 337838 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:

21 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 |
|-------------|------|--------|-------------|------------|-----------|-------------------------------|-------------|
| 289002 | WELL | PR | 01/22/2007 | GW | 125-10650 | CONRAD FEDERAL 44-31 4N45W | PR |

General Comment:

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

Inspector completed Follow-up audit 01/06/2026 as required by FIR to ensure corrective actions taken by Operator adequately address and comply with rule requirements cited in 7/9/2025 FIR document number 698603806. 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 ActionL | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Lease sign at wellhead location. | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Content/Quantity/Hazard sign at produced water tank. | | |
| 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"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | LOCATION | | |
| Comment: | Post and Wire fencing. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Stock panel fencing around surface equipment at well location. | | |
| Corrective Action: | | Date: | |
| Type | TANK BATTERY | | |
| Comment: | Stock panel fencing around production tank. | | |
| Corrective Action: | | Date: | |
| Equipment: | | | |
| Type: Other | # 1 | | corrective date |
| Comment: | Pump Jack welded steel pipe base. | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|--|--|-------|
| Type: Other | # 1 | | |
| Comment: | Gas Meter Shed. | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Pump Jack Power and Control Panel. | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 1 | | |
| Comment: | Electric Motor. | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | Gas Meter Run. Chart in Meter Box dated 1-2-26. Meter Calibration/Test Log dated 10-16-25. Well Inlet Valve open. Gas Outlet Valve open. | | |
| 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: Bradenhead | # 1 | | |
| Comment: | Bradenhead plumbed to surface. | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|-----------------------------------|----------|----------------|---------|-----------------------|
| PRODUCED WATER | 1 | OTHER | PBV FIBERGLASS | | 40.267020,-102.426740 |
| Comment: | Production tank at well location. | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | 210 bbl | |
| Other (Type) | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|---------------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Comment: | Weather worn. | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | |
|----------|----|--|
| Yes/No | NO | |
| Comment: | | |

| | |
|--------------------|-------|
| Corrective Action: | Date: |
|--------------------|-------|

Flaring:

| | |
|--------------------|-------|
| Type | |
| Comment: | |
| Corrective Action: | Date: |

Location Construction

Location ID: 289002 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: 289002 Type: WELL API Number: 125-10650 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 |
|--------------|---------------------|---|
| 720900571 | Field audit photos. | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7413512 |