

**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:

03/31/2026

Submitted Date:

04/02/2026

Document Number:

720900819

FIELD INSPECTION FORM

Loc ID 311880 Inspector Name: Vance, Jessie 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:

18 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
Whittington, Ellice		ellice.whittington@state.co.us	
Dolezal, Pat	970-332-3585	pat.dolezal@ownresources.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
295063	WELL	IJ	02/13/2019	DSPW	125-11177	BROPHY WDW 42-13 4N46W	AC

General Comment:

This is a training developmental UIC inspection/audit. The scout card and forms have been reviewed.

Location			
Lease Road:			
	Type Access		
	comment: 2 track		
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
	Type BATTERY		
	Comment: Lease sign at tank battery		
Corrective Action:			Date:
	Type WELLHEAD		
	Comment: Lease sign at wellhead		
Corrective Action:			Date:
	Type TANK LABELS/PLACARDS		
	Comment: Signs on all tanks, overflow tank label is faded		
Corrective Action:			Date:
Emergency Contact Number:			
	Comment: Adequate		
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: Steel pipe surround around wellhead		
Corrective Action:			Date:
	Type TANK BATTERY		
	Comment: Steel panels around tank battery		
Corrective Action:			Date:
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
	Comment: Anchors are marked		
Corrective Action:			Date:
Type: Bradenhead	# 1		
	Comment: Bradenhead plumbed to surface		
Corrective Action:			Date:

Type: Ancillary equipment	# 2	
Comment:	Telemetry equipment and Electrical panel	
Corrective Action:		Date:
Type: Prime Mover	# 1	
Comment:	Electric pump	
Corrective Action:		Date:
Type: Vertical Separator	# 2	
Comment:	VGS inside pump house	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS		,
Comment:	50% buried 110 BBL tank				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	FIBERGLASS AST		40.317767,-102.455724
Comment:	Tanks				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 295063 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: No COAs

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: 295063 Type: WELL API Number: 125-11177 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-15</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>MRSN</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>05/03/2023</u>
			AnnMTReq: _____

Comment: 2026 Annual UIC Routine. Tubing recorded -15 psig. Casing light vac to 0 after 1 second. Recorded 0 psig. Bradenhead light blow to 0 after 1 second. Recorded 0 psig.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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			
Gravel	Pass	Gravel	Pass			

Comment: [In Pasture](#)

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
720900820	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7503211