

**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:

03/31/2026

Document Number:

720900803

**FIELD INSPECTION FORM**

Loc ID 303555 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:**

- 20 Number of Comments
- 1 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	
Quint, Craig		craig.quint@state.co.us	
Whittington, Ellice		ellice.whittington@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
150194	UIC DISPOSAL	AC	05/18/1987		-	CONRAD SWD 1	AC

**General Comment:**

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

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	2 track		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:	2 50% buried tanks need new production water signs		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Tank sign (400BBLs) at pump house		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Lease sign at wellhead		
Corrective Action:			Date:
<b>Emergency Contact Number:</b>			
Comment:	Adequate		
Corrective Action:			Date: _____
<b>Good Housekeeping:</b>			
Type	UNUSED EQUIPMENT		
Comment:	Broken unused hose by outside tanks needs thrown away		
Corrective Action:			Date:
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	LOCATION		
Comment:	Barbwire fence around entire location		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Prime Mover	# 1		corrective date
Comment:	Triplex pump		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:	Anchors are marked		

Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric motor		
Corrective Action:		Date:	
Type: Vertical Separator	# 3		
Comment:	VGS in pump house		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead above ground		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Telemetry equipment		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	OTHER	PBV FIBERGLASS		,
Comment: 2 110 BBL tanks 50% buried					
Corrective Action:					Date:

**Paint**

Condition	
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		40.268921,-102.428681
Comment: 2 production water tanks					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Comment:			Date:	
Corrective Action:			Date:	

**Venting:**

Yes/No	NO			
Comment:			Date:	
Corrective Action:			Date:	

**Flaring:**

Type				
Comment:			Date:	
Corrective Action:			Date:	

**Location Construction**

Location ID: 253284      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: 150194 Type: UIC API Number: - Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 975

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>150</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: _____
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: _____
			AnnMTReq: _____

Comment: During routine UIC inspection with operator, the operator found signs of failed integrity after opening casing. Upon findings operator shut the well in. Casing blew hard for 15 seconds down to 0 then water came to surface in casing. Bradenhead lightly blew to 0 in 1 second. Tubing started at 150 after casing blew down it dropped to 110.

Corrective Action: Repair or plug well within 6 months. Repair will require the performance of a sucesful MIT per Rule 417. Contact ECMC Engineering within 10 days. Send to: [dnr\\_ecmc\\_engineering@state.co.us](mailto:dnr_ecmc_engineering@state.co.us) Date: 04/10/2026

Method of Injection: \_\_\_\_\_

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:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT

**ECMC Comments**

Comment	User	Date
<p><a href="#">ECMC Audit Report Summary</a>                      On 03/31/2026, at approximately 12:30 pm, Inspector Jessie Vance conducted an on-site UIC inspection at the following</p> <p>Location: Conrad SWD 1                      Operator: Own Resources                      API: 05-125-07161                      County: Yuma</p> <p>During the UIC inspection, the following possible compliance issues were identified:                      Mechanical Integrity Testing: Possible mechanical integrity failure. Repair or plug well within 6 months. Repair will require the performance of a successful MIT per Rule 417. Contact ECMC Engineering within 10 days. Send to: <a href="mailto:dnr_ecmc_engineering@state.co.us">dnr_ecmc_engineering@state.co.us</a> CA date of 4/10/26</p> <p>A follow-up UIC inspection is scheduled to ensure that the compliance issues have been rectified to comply with ECMC rules.</p>	vancej	03/31/2026

**Attached Documents**

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
404602941	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7500209">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7500209</a>
720900804	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7500206">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7500206</a>