

**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:

04/16/2026

Submitted Date:

04/21/2026

Document Number:

720900942

**FIELD INSPECTION FORM**

Loc ID 303581 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:**

- 17 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	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
253319	WELL	PR	07/30/1986	GW	125-07196	CONRAD 8-25	PR

**General Comment:**

[This is a training developmental inspection/audit. The scout card and forms have been reviewed.](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	2 track partial covered with grass		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:	Tank is labeled 200 BBL Production water, no diamond placard		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign is missing at wellhead		
Corrective Action:	Install sign or correct sign per rule 605	Date:	05/18/2026
Emergency Contact Number:			
Comment:	Lease sign is missing at wellhead		Date: _____
Corrective Action:			
<b>Good Housekeeping:</b>			
Type	TRASH		
Comment:	Misc trash around wellhead		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	TANK BATTERY		
Comment:	Steel panels around tank		
Corrective Action:		Date:	
<b>Equipment:</b>			
Type: Pump Jack	# 1		corrective date
Comment:	Lufkin unit		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead plumbed to surface		
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Electric motor		

Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Electrical panel		
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	PBV FIBERGLASS		40.292200,-102.459710
Comment:	50% buried tank				
Corrective Action:					Date:

**Paint**

Condition	
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: 253319 CDP: \_\_\_\_\_

Comment:

Corrective Action:  Date: \_\_\_\_\_

**Form 2A COAs:**

**Comment:**

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: 253319 Type: WELL API Number: 125-07196 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing, Shared off location central meter run for (Conrad 4-25 and 8-25), meter calibrated 3/2/26, meter run is 1085 ft SE of wellhead

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 07/17/2025 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: 0

Comment: Forms are up to date

Corrective Action:

Date:

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: \_\_\_\_\_

**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002b. SOIL REMOVAL AND SEGREGATION \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002c. PROTECTION OF SOILS \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002E. SURFACE DISTURBANCE MINIMIZATION \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1003a. Waste and Debris removed? In

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_  
 Cuttings management: \_\_\_\_\_  
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_  
 Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

RESTORATION AND REVEGETATION

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003e. INTERIM VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment:

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

1004.d. FINAL VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

Comment:

Corrective Action:

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location  Multi-Well Location

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			
Comment: <input type="text" value="In Pasture"/>						
Corrective Action: <input type="text"/>					Date: _____	
<b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT						

**ECMC Comments**

Comment	User	Date
<p><a href="#">ECMC Audit Report Summary</a>                      On 04/16/2026, at approximately 9:22 am, Inspector Jessie Vance conducted an on-site Audit at the following</p> <p>Location: Conrad 8-25                      Operator: Own Resources                      API: 05-125-07196                      County: Yuma</p> <p>During the audit, the following possible compliance issues were identified:                      Signs and Markers General Condition: Sign is missing at the wellhead, install sign or correct sign per rule 605, CA date of 5/18/2026                      A follow-up audit is scheduled to ensure that the compliance issues have been rectified to comply with ECMC rules.</p>	vancej	04/21/2026

**Attached Documents**

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

Document Num	Description	URL
404628763	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7522239">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7522239</a>
720900943	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7522229">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7522229</a>