

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

03/25/2022

Submitted Date:

03/30/2022

Document Number:

688312384**FIELD INSPECTION FORM**Loc ID 304291 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10699Name of Operator: OWN RESOURCES OPERATING LLCAddress: 38 PALMER CREST CTCity: SPRING State: TX Zip: 77381**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:9 Number of Comments0 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 |
|--------------|--------------|------------------------------|---------|
| Jones, Greg | 970-332-3585 | greg.jones@ownresources.com | |
| 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 |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 256305 | WELL | PR | 12/17/1999 | GW | 125-08199 | WEEKS TRUST 3-25 | PR |

General Comment:

Routine Field Inspection

LocationOverall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | OTHER | | |
| Comment: | lease sign at HWY 34 | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-332-3585

Corrective Action:

Date: _____

Overall Good: ☐

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|----------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------|---|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Gas Meter Run | # 1 | | |
| Comment: | shed, chart, 5/2021 calibration card is present | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | 2021 Form 17 is in COGCC database | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | electric motor | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|----|-------|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

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

Location Construction

| | | |
|---------------------|------|-------------|
| Location ID: 256305 | 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:

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|--|
| |
|--|

Summary of Operator Response to Landowner Issues:

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| |
|--|

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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|--|
| |
|--|

| Inspected Facilities | | | | | | | | | |
|----------------------|---|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 256305 | Type: | WELL | API Number: | 125-08199 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | pr 1/1/2022 production is reported to COGCC database. | | | | | | | | |
| Corrective Action: | | | | | | | | Date: | |

Reclamation - Storm Water - Pit**Storm Water:**

| 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: [pasture, prairie dog colony](#)

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|--------------------------------|---|
| 688300017 | OWN Resources Weeks Trust 3-25 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709833 |