

**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:

688312383**FIELD INSPECTION FORM**Loc ID 310973 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:**10 Number of Comments1 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 |         |
| Jones, Greg  | 970-332-3585 | greg.jones@ownresources.com  |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name              | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|
| 297309      | WELL | PR     | 09/14/2008  | GW         | 125-11366 | WEEKS TRUST 34-25<br>2N47W | PR          |

**General Comment:**

Routine Field Inspection

Stuffing box leak at wellhead.

**Location**Overall Good: ☒

|                      |                      |       |  |
|----------------------|----------------------|-------|--|
| <b>Signs/Marker:</b> |                      |       |  |
| Type                 | OTHER                |       |  |
| Comment:             | lease sign on HWY 34 |       |  |
| Corrective Action:   |                      | Date: |  |
| Type                 | WELLHEAD             |       |  |
| Comment:             |                      |       |  |
| Corrective Action:   |                      | Date: |  |

Emergency Contact Number:

Comment: 970-332-3585

Corrective Action:

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

**Good Housekeeping:**

|                    |   |       |            |
|--------------------|---|-------|------------|
| Type               | OTHER   |       |            |
| Comment:           | Stained soil at wellhead leaving location (see attached photos).  |       |            |
| Corrective Action: | Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. Remove and properly dispose of soils as appropriate. | Date: | 04/15/2022 |

Overall Good: ☐

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |          |       |  |
|--------------------|----------|-------|--|
| <b>Fencing/:</b>   |          |       |  |
| Type               | WELLHEAD |       |  |
| Comment:           |          |       |  |
| Corrective Action: |          | Date: |  |

|                          |   |       |                 |
|--------------------------|---|-------|-----------------|
| <b>Equipment:</b>        |   |       | corrective date |
| Type: Deadman # & Marked | # 4   |       |                 |
| Comment:                 |   |       |                 |
| Corrective Action:       |   | Date: |                 |
| Type: Prime Mover        | # 1   |       |                 |
| Comment:                 | electric motor                                  |       |                 |
| Corrective Action:       |   | Date: |                 |
| Type: Pump Jack          | # 1   |       |                 |
| Comment:                 |   |       |                 |
| Corrective Action:       |   | Date: |                 |
| Type: Gas Meter Run      | # 1   |       |                 |
| Comment:                 | chart, shed, 5/2021 calibration card is present |       |                 |

|                    |                                   |       |  |
|--------------------|-----------------------------------|-------|--|
| Corrective Action: |                                   | Date: |  |
| Type: Bradenhead   | # 1                               |       |  |
| Comment:           | 2021 Form 17 is in COGCC database |       |  |
| Corrective Action: |                                   | Date: |  |

**Venting:**

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

**Flaring:**

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

**Location Construction**

Location ID: 297309 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:         | 297309  | Type: | WELL | API Number: | 125-11366 | 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            | Compaction              | Pass                  |               |                          |         |

Comment: [pasture-no cattle at this time, 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   |
|--------------|---------------------------------|---|
| 403000233    | INSPECTION SUBMITTED            | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709863">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709863</a> |
| 688300016    | OWN Resources Weeks Trust 34-25 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709832">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5709832</a> |