

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
403006851

Date Received:
04/07/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 38 PALMER CREST CT
City: SPRING State: TX Zip: 77381
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

| Contact Name | Phone | Email |
|--------------|--------------|------------------------------|
| Dolezal, Pat | 970-332-3585 | pat.dolezal@ownresources.com |
| Jones, Greg | 970-332-3585 | greg.jones@ownresources.com |

COGCC INSPECTION SUMMARY:

FIR Document Number: 688312383
Inspection Date: 03/25/2022 FIR Submit Date: 03/30/2022 FIR Status:

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 38 PALMER CREST CT
City: SPRING State: TX Zip: 77381

LOCATION - Location ID: 310973

Location Name: WEEKS TRUST-62N47W Number: 25SWSE County: YUMA
Qtrqtr: SWSE Sec: 25 Twp: 2N Range: 47W Meridian: 6
Latitude: 40.106949 Longitude: -102.574543

FACILITY - API Number: 05-125-00 Facility ID: 297309

Facility Name: WEEKS TRUST Number: 34-25
2N47W
Qtrqtr: SWSE Sec: 25 Twp: 2N Range: 47W Meridian: 6
Latitude: 40.106949 Longitude: -102.574543

CORRECTIVE ACTIONS:

1 CA# 160524

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

Response: CA COMPLETED Date of Completion: 04/06/2022

Area was maintained

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Pat Dolezal Signed: _____

Title: Regulatory Specialist Date: 4/7/2022 7:10:26 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files