

**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:

01/30/2024

Submitted Date:

03/01/2024

Document Number:

698601589

**FIELD INSPECTION FORM**Loc ID 304452 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

OGCC Operator Number: 10699

Name of Operator: OWN RESOURCES OPERATING LLC

Address: 305 S RIDGE STREET #6279

City: BRECKENRIDGE State: CO Zip: 80424

**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

16 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 262504      | WELL | PR     | 05/31/2007  | GW         | 125-08461 | GODSEY 43-20  | PR          |

**General Comment:**

Routine inspection.

| Location   |   |        |  |                 |
|--|---|--------|--|-----------------|
| <b>Lease Road:</b>                                     |   |        |  |                 |
| Type   | Access  |        |  |                 |
| comment:   | Two track off maintained County Road.   |        |  |                 |
| Corrective Action                                      | L   |        |  | Date:           |
| Overall Good: <input type="checkbox"/>                 |   |        |  |                 |
| <b>Signs/Marker:</b>                                   |   |        |  |                 |
| Type   | WELLHEAD  |        |  |                 |
| Comment:   | Well sign located at wellhead.  |        |  |                 |
| Corrective Action:                                     |   |        |  | Date:           |
| Emergency Contact Number:                              |   |        |  |                 |
| Comment:   | Emergency contact information posted on well sign.  |        |  |                 |
| Corrective Action:                                     |   |        |  | Date: _____     |
| <b>Good Housekeeping:</b>                              |   |        |  |                 |
| Type   | OTHER   |        |  |                 |
| Comment:   | Soil staining noted 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   | WELLHEAD  |        |  |                 |
| Comment:   | Stock panel fencing around surface equipment at well location.  |        |  |                 |
| Corrective Action:                                     |   |        |  | Date:           |
| <b>Equipment:</b>                                      |   |        |  |                 |
| Type: Vertical Separator                               | # 1   |        |  | corrective date |
| Comment:   |   |        |  |                 |
| Corrective Action:                                     |   |        |  | Date:           |
| Type: Prime Mover                                      | # 1   |        |  |                 |
| Comment:   | Electric Motor.   |        |  |                 |
| Corrective Action:                                     |   |        |  | Date:           |
| Type: Ancillary equipment                              | # 1   |        |  |                 |
| Comment:   | Wellhead. Rods and tubing in the wellbore. Tubing valve open. Casing valve open.                              |        |  |                 |
| Corrective Action:                                     |   |        |  | Date:           |
| Type: Gas Meter Run                                    | # 1   |        |  |                 |
| Comment:   | Digital Gas Meter Run. Meter Calibration/Test Log dated 8-7-23. Well Inlet Valve open. Gas Outlet Valve open. |        |  |                 |

|                           |   |       |  |
|---------------------------|---|-------|--|
| Corrective Action:        |   | Date: |  |
| Type: Other               | # 1   |       |  |
| Comment:                  | Separator/Meter Run Box.                            |       |  |
| Corrective Action:        |   | Date: |  |
| Type: Pump Jack           | # 1   |       |  |
| Comment:                  |   |       |  |
| Corrective Action:        |   | Date: |  |
| Type: Deadman # & Marked  | # 0   |       |  |
| Comment:                  | Could not locate any anchors at time of inspection. |       |  |
| Corrective Action:        |   | Date: |  |
| Type: Flow Line           | # 1   |       |  |
| Comment:                  | Riser with plug at wellhead.                        |       |  |
| Corrective Action:        |   | Date: |  |
| Type: Ancillary equipment | # 1   |       |  |
| Comment:                  | Pump Jack Power and Control Panel.                  |       |  |
| Corrective Action:        |   | Date: |  |
| Type: Bradenhead          | # 1   |       |  |
| Comment:                  | Bradenhead plumbed to surface.                      |       |  |
| Corrective Action:        |   | Date: |  |

**Venting:**

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

**Flaring:**

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

| Inspected Facilities |  |       |      |             |           |         |    |               |    |
|----------------------|--|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:         | 262504   | Type: | WELL | API Number: | 125-08461 | Status: | PR | Insp. Status: | PR |
| Producing Well       |  |       |      |             |           |         |    |               |    |
| Comment:             | Rods and tubing in wellbore. Tubing valve open. Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open.<br><br>Electronic Well File reflects last Production/Status reported 12/1/2023 and Well Status as PR. Based on current valve settings at time of inspection the well is PR. |       |      |             |           |         |    |               |    |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment: Soil channel erosion channel off NE corner od wellhead fencing on access road. Channel flow is approximately 35'long down the grade with sediment fanwhere grade levels.

Corrective Action: Repair erosion damage and install appropriate BMP's to prevent reoccurrence. Review Self-inspection, maintenance, and good housekeeping procedures and schedules to facilitate identification of conditions that could cause breakdowns or failures of BMPs to comply with Rule 1002.(2).D.

Date: 03/11/2024

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   |
|--------------|----------------------|---|
| 403705387    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6450396">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6450396</a> |
| 698601693    | Inspection photos.   | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6450395">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6450395</a> |