

**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:

10/16/2024

Submitted Date:

10/19/2024

Document Number:

698602570**FIELD INSPECTION FORM**Loc ID 419898 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10699Name of Operator: OWN RESOURCES OPERATING LLCAddress: 305 S RIDGE STREET #6279City: 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 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 |
|--------------|--------------|------------------------------|---------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 419895 | WELL | PR | 11/25/2011 | GW | 125-11938 | Conrad 42-06 3N45W | PR |

General Comment:

Routine Inspection.

Location

| | | | |
|--------------------|---------------------------------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Two track off maintained County Road. | | |
| Corrective Action | | Date: | |

Overall Good: ☐

| | | | |
|----------------------|---|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Well sign at wellhead location. | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | Well sign posted at remote Gas Meter Run. | | |
| Corrective Action: | | Date: | |

| | | |
|---------------------------|--|-------------|
| Emergency Contact Number: | | |
| Comment: | Emergency contact information posted on well sign. | |
| Corrective Action: | | Date: _____ |

| | | |
|---------------------------|--|-------|
| Good Housekeeping: | | |
| Type | UNUSED EQUIPMENT | |
| Comment: | Black poly pipe noted inside wellhead fencing. | |
| Corrective Action: | | Date: |

Overall Good: ☐

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

| | | |
|--------------------|--|-------|
| Fencing/: | | |
| Type | WELLHEAD | |
| Comment: | Stock panel fencing around surface equipment at well location. | |
| Corrective Action: | | Date: |
| Type | LOCATION | |
| Comment: | Post and Wire fencing. | |
| Corrective Action: | | Date: |

| | | | |
|---------------------|--------------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Bradenhead | # 1 | | |
| Comment: | Bradenhead plumbed to surface. | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |

| | | | | |
|---------------------------|---|--|-------|--|
| Comment: | Remote Gas Meter Run located on Eckley-Conrad 1-6, 125-06356. Gas Meter Run. Chart in Meter Box dated 10-1-24. Meter Calibration/Test Log dated 1-23-24. Well Inlet Valve open. Gas Outlet Valve open. | | | |
| Corrective Action: | | | Date: | |
| Type: Ancillary equipment | # 1 | | | |
| Comment: | Wellhead. Casing production. Rods and tubing removed from the wellbore. Casing valve open. | | | |
| Corrective Action: | | | Date: | |
| Type: Dehydrator | # 1 | | | |
| Comment: | Dehydrator on gas meter run inlet. | | | |
| Corrective Action: | | | Date: | |
| Type: Other | # 1 | | | |
| Comment: | Shared Gas Meter Shed. | | | |
| Corrective Action: | | | Date: | |
| Type: Flow Line | # 1 | | | |
| Comment: | Flowline riser at wellhead with valve and plug. | | | |
| Corrective Action: | | | Date: | |

Venting:

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

Flaring:

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

| Inspected Facilities | | | | | | | | | |
|----------------------|---|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 419895 | Type: | WELL | API Number: | 125-11938 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Casing valve open. Gas Meter Run Valves: Well inlet valve open, Gas outlet valve open. Electronic Well File reflects last Production/Status reported 8/1/2024 and Well Status as PR. Based on current valve settings at time of inspection the well is PR. | | | | | | | | |
| Corrective Action: | | | | | | | | Date: | |

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

| | | | | | | |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Compaction | Pass | Compaction | Pass | | | |

Comment: No stormwater issues noted at time of inspection.

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

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

| | | |
|--------------|--------------------|---|
| Document Num | Description | URL |
| 698602593 | Inspection photos. | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6753273 |