

**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:

04/15/2025

Submitted Date:

04/22/2025

Document Number:

719000025

FIELD INSPECTION FORMLoc ID 326670 Inspector Name: GARCIA, CHARLES On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10663

Name of Operator: ENDURING RESOURCES LLC

Address: 6300 S SYRACUSE WAY, SUITE 525

City: CENTENNIAL State: CO Zip: 80111

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
Huntington, Heather		hhuntington@enduringresources.com	SJB inspections
Walter, Klye		kwalter@enduringresources.com	SJB inspections
Kosola, Jason		jason.kosola@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
261957	WELL	PR	02/02/2002	CBM	067-08667	Mason 2-4	PR

General Comment:

Inspection Report Summary
 On 4-8-25 I Inspector Charles Garcia conducted an on-site inspection.
 Location: Manson2-4
 Operator: Enduring resources
 API#: 067-08667
 County: LaPlata
 Separator and partially buried vessel have been removed since last compliance inspection. No Form 42 notice of major change or Form 27s in well file. See Equipment and Tank sections for corrective actions.

Location				
Lease Road:				
Type	Access			
comment:	Gravel			
Corrective Action	L			Date:
Overall Good: <input type="checkbox"/>				
Signs/Marker:				
Type	OTHER			
Comment:	Sign at entrance of location			
Corrective Action:				Date:
Emergency Contact Number:				
Comment:	1-800-916-7897 or 911			
Corrective Action:				Date: _____
Overall Good: <input type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment:				
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	LOCATION			
Comment:	6 ft chainlink around location			
Corrective Action:				Date:
Equipment:				
Type: Ancillary equipment	# 1			corrective date
Comment:	Telemetry equipment.			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	Electrical service equipment.			
Corrective Action:				Date:
Type: Pump Jack	#			
Comment:	Vertical rod pump.			
Corrective Action:				Date:
Type: Flow Line	# 3			
Comment:	In use - 2" steel line from wellhead tubing to separator inlet. All points co-located. In use - 4" steel line from wellhead casing to separator inlet. All points co-located. In use - 4" steel line from separator outlet to gas meter inlet. All points co-located			
Corrective Action:				Date:
Type: Prime Mover	# 1			
Comment:	Hydraulic			

Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Well Head		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Meter house Last meter calibration 11-18-24		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pig Station	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Chemical tank and pump on spill prevention.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	0	OTHER	PBV STEEL		,
Comment:	95 bbl partially buried vessel at has been removed, no notice of major change or form 27 in well file				
Corrective Action:	File Form 27 and follow up with SW EPS Jason Kosola about required sampling				Date: 07/15/2025

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No		
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Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected Facilities									
Facility ID:	261957	Type:	WELL	API Number:	067-08667	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:								Date:	
BradenHead									
Date of Last Brhd Test:	01/30/2025		Annual Brhd Completed?	Yes					
Last Brhd Test Results	Initial Surf Csg Pressure:	0		Fluid Type:					
	End Surf Csg Pressure:	0							
Comment:									
Corrective Action:								Date:	

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

Attached Documents

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

Document Num	Description	URL
719000027	Location pictures	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7015989