

**FORM
INSP**Rev
X/15**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:

05/20/2020

Submitted Date:

05/20/2020

Document Number:

701000751**FIELD INSPECTION FORM**Loc ID 416888 Inspector Name: Welsh, Brian 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:14 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
Jones, Greg	(970) 630-3909	greg.jones@ownresources.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416896	WELL	IJ	04/09/2014	DSPW	125-11846	REPUBLICAN SWD	AC

General Comment:5 Year UIC MIT

Location

Lease Road:

Type	Access		
comment:	Two track through CRP		
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	CONTAINERS		
Comment:	Sticker on chemical drum		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Lease sign by CR 28		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on water tanks		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:	Wire fence around location		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Metal panels around buried tank		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Ancillary equipment	# 5		
Comment:	Telemetry equipment, chemical drum w/containment, electric transfer pump, electric panel and filter pot in metal shed		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		39.976900,-102.354450

Comment:	4-400bbl water tanks					
Corrective Action:						Date:
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate		
Comment:	Lined metal containment					
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
USED OIL	1	<50 BBLS	BV FIBERGLASS		39.976830,-102.354660	
Comment:	5bbl fiberglass buried tank on south side of water tanks					
Corrective Action:						Date:
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	500 BBLS	FIBERGLASS AST		39.976900,-102.354450	
Comment:	1-500bbl (northeast water tank)					
Corrective Action:						Date:
<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:	Shared metal containment					
Corrective Action:						Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 416896 Type: WELL API Number: 125-11846 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSNDTC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/25/2015Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEEDTest Type: 5 Year Tbg psi: -23.5" Csg psi: 0 PSIG BH psi: _____Insp. Status: PassComment: INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. MIRU EXCEL. LOADED W/1BBL. PRESSURED CSG TO 400 PSIG. 5 MIN 400#. 10 MIN 400#. 15 MIN 400#. 0 PSI LOSS

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	Material Handling And Spill Prevention	Pass	

Comment: 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
701000764	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5157907