

**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: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

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

Findings:

- 14 Number of Comments
- 0 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:			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:	<input style="width: 500px; height: 20px;" type="text"/>	
Corrective Action:	<input style="width: 500px; height: 20px;" type="text"/>	Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

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				Date:	
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 Sufficient	Base Sufficient	Adequate			
Comment:		Lined metal containment				Date:	
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				Date:	
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:						Date:	
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)				Date:	
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				Date:	
Corrective Action:						Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 416896 Type: WELL API Number: 125-11846 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/25/2015</u>
			AnnMTReq: <u>NO</u>

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -23.5" Csg psi: 0 PSIG BH psi: _____

Insp. Status: Pass

Comment: 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