

**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:

02/15/2024

Submitted Date:

02/22/2024

Document Number:

711900376**FIELD INSPECTION FORM**Loc ID 313968 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10657Name of Operator: PCR OPERATING LLCAddress: 9211 BROADWAY ST #17493City: SAN ANTONIO State: TX Zip: 78217**Status Summary:**

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

Findings:8 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
Wehrer, Gene		gwehrer1961@outlook.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
227398	WELL	IJ	12/23/2013	ERIW	087-60001	ADENA J SAND UNIT W-5	SI

General Comment:

UIC ROUTINE - LAST MIT 4-22-2021 - WELL SI OVER (2) YRS. - NO PRESSURE ON WELL

Location**Lease Road:**

Type	Access		
comment:	TWO TRACK GRASSLAND - MAINTAIN LEASE ROAD FOR YEAR-ROUND ACCESS		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	REPLACE STICKER ON SIGN		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: REPLACE STICKER ON SIGN

Corrective Action: Date:

Good Housekeeping:

Type	OTHER		
Comment:	CONTROL VEGETATION GROWTH AT WELLHEAD		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		

In Containment: No

Comment: NONE

☐ Multiple Spills and Releases?**Equipment:**

Type: Other	# 0		corrective date
Comment:	NO CHANGE IN EQUIPMENT INVENTORIED		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

[illegible]

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

<u>UIC Routine</u>	
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Inj./Tube:	Pressure or inches of Hg	0	Previous Test Pressure	MPP
	(e.g. 30 psig or -30" Hg)			Inj Zone: JSND
TC:	Pressure or inches of Hg	0	Previous Test Pressure	Last MIT: 04/22/2021
Brhd:	Pressure or inches of Hg	0	Previous Test Pressure	AnnMTReq:

Comment: NO PRESSURE ON WELL

Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment:

Corrective Action: _____ Date: _____

COGCC Comments	
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Comment	User	Date
UIC ROUTINE - NO PRESSURE ON WELL	schureky	02/22/2024