

**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: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10657
Name of Operator: PCR OPERATING LLC
Address: 9211 BROADWAY ST #17493
City: SAN ANTONIO State: TX Zip: 78217

Findings:

8 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
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:		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:

Multiple Spills and Releases?

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

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 227398 Type: WELL API Number: 087-60001 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC ROUTINE - NO PRESSURE ON WELL</u>	schureky	02/22/2024