

**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:

03/15/2024

Submitted Date:

04/03/2024

Document Number:

711900488

FIELD INSPECTION FORM

Loc ID: 313795 Inspector Name: SCHURE, KYM On-Site Inspection: 2A Doc Num: _____

Operator Information:

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

Status Summary:

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

Findings:

10 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
Quint, Craig		craig.quint@state.co.us	
Wehrer, Gene		gwehrer1961@outlook.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
225164	WELL	TA	11/26/2014	ERIW	087-05562	ADENA J SAND UNIT W-52	TA

General Comment:

ROUTINE FIR 2024 - LAST MIT - 6-14-2018 - MIT PAST DUE -

Location

Lease Road:			
Type	Access		
comment:	TWO TRACK GRASSLAND - MAINTAIN LEASE ROAD		
Corrective ActionL			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		
Corrective Action:			Date:

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

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 225164 Type: WELL API Number: 087-05562 Status: TA Insp. Status: TA

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: 06/14/2018
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC MIT PAST DUE - LAST MIT 6-14-2018 - WELL TA OVER (2) YRS.

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: PAST DUE

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: UIC MIT PAST DUE - UIC ROUTINE PERFORMED IN LIEU OF MIT - NO PRESSURE ON WELL

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC ROUTINE - LAST MIT 6-14-2018 - UIC MIT PAST DUE - WELL TA OVER (2) YRS.</u>	<u>schureky</u>	<u>04/03/2024</u>