

**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:

06/15/2018

Submitted Date:

06/22/2018

Document Number:

680303392**FIELD INSPECTION FORM**
 Loc ID 313699 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_
**Operator Information:**OGCC Operator Number: 10657Name of Operator: PCR OPERATING LLCAddress: 4040 BROADWAY STREET #510City: SAN ANTONIO State: TX Zip: 78209**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**Contact Information:**

Contact Name	Phone	Email	Comment
Wehrer, Gene	(970) 380-4860	gwehrer@passcreekresource.com	<a href="#">Adena Inspections</a>
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224892	WELL	SI	06/01/1998	OW	087-05285	LAUGHLIN, R J 7	SI

**General Comment:**[UIC Routine Inspection - FIR - SATISFACTORY](#)

**Location****Lease Road:**

Type	Access		
comment:	Satisfactory		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment: Satisfactory

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: \_\_\_\_\_

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

Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 224892 Type: WELL API Number: 087-05285 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg 330 Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: No problems found

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_Comment: UIC Routine

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
Other	In Process	Other	In Process			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT