

**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:

06/13/2018

Submitted Date:

06/28/2018

Document Number:

680303408**FIELD INSPECTION FORM**Loc ID 313969 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:9 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	Adena Inspections
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
227399	WELL	SI	01/01/2017	ERIW	087-60002	ADENA J SAND UNIT W-6	SI

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

Location

Lease Road:			
Type	Access		
comment:	Two track - grassland		
Corrective Action		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			

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			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 227399 Type: WELL API Number: 087-60002 Status: SI 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 320 Previous Test Pressure _____ Last MIT: 07/11/2016

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 WellPurpose: ☒ 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:

Use BMP's for erosion management

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT