

**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:

07/16/2018

Submitted Date:

07/17/2018

Document Number:

680303571**FIELD INSPECTION FORM**Loc ID 313677 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	Adena Inspections
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Burn, Diana		diana.burn@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224831	WELL	XX	03/06/2018	OW	087-05218	Dewey 3	PD

General Comment:

[UIC/MIT - SATISFACTORY - Pending IJ application](#)
[Form 42 Doc#401702737 received](#)
[Form 21 attached](#)

Location

Lease Road:			
Type	Access		
comment:	Two track - grassland		
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			

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 Facilities

Facility ID: 224831 Type: WELL API Number: 087-05218 Status: XX Insp. Status: PD

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 10/31/2014
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 1850 BH psi: _____

Insp. Status: Pass

Comment: Casing psi. before start = 0. Casing psi. @ start = 1850. Casing psi. @ (5) min. = 1850.
 Casing psi. @ (10) min. = 1850. Casing psi. @ (15) min. = 1850. Loss or Gain = 0.
 Form 21 attached

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 stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680303576	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4525081