

**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:

10/22/2018

Submitted Date:

10/25/2018

Document Number:

680304186

FIELD INSPECTION FORM

Loc ID 313700 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: 4040 BROADWAY STREET #510
City: SAN ANTONIO State: TX Zip: 78209

Findings:

- 9 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	(970) 380-4860	gwehrer@passcreekresource.com	Adena Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224893	WELL	SI	08/01/2017	ERIW	087-05286	L Clar 4	SI

General Comment:

[UIC/MIT \(5\)yr. SATISFACTORY](#)
[Form 42 received](#)
[Form 21 copy attached](#)

Location

Lease Road:			
Type	Access		
comment:	Two track		
Corrective ActionL		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: 224893 Type: WELL API Number: 087-05286 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/08/2018</u>
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 360 BH psi: _____

Insp. Status: Pass

Comment:

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

COGCC Comments

Comment	User	Date
UIC MIT SATISFACTORY	schureky	10/25/2018

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680304190	Form 21 copy	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4621229