

**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:

07/09/2019

Submitted Date:

07/12/2019

Document Number:

680305209

**FIELD INSPECTION FORM**

Loc ID 313906 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:**

- 4 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
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
227084	WELL	IJ	10/01/2018	ERIW	087-07827	NICHOLS 13-A24	AC

**General Comment:**

[UIC Routine Inspection FIR - Satisfactory](#)

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No			
Comment:	<input type="text"/>		
Corrective Action:		Date:	<input type="text"/>

**Flaring:**

Type		
Comment:	<input type="text"/>	
Corrective Action:		Date: <input type="text"/>

**Inspected Facilities**

Facility ID: 227084 Type: WELL API Number: 087-07827 Status: IJ Insp. Status: AC

**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: 08/02/2018  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: UIC Routine Inspection Tubing = 0 psi. Casing = 0 psi.

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

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

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

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

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

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

**COGCC Comments**

Comment	User	Date
<u>UIC Routine - Satisfactory</u>	schureky	07/12/2019