

**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:

07/11/2019

Submitted Date:

07/15/2019

Document Number:

680305271

**FIELD INSPECTION FORM**

Loc ID 313673 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 |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|
| 224821      | WELL | TA     | 05/01/1990  | ERIW       | 087-05208 | ADENA J SAND UNIT W-26 | TA          |

**General Comment:**

[UIC/Routine Inspection 2019](#)

**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:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Inspected Facilities**

Facility ID: 224821 Type: WELL API Number: 087-05208 Status: TA Insp. Status: TA

**Underground Injection Control**

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

UIC Routine

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>0</u><br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____                   |
| TC:        | Pressure or inches of Hg <u>0</u>                              | Previous Test Pressure _____ | Inj Zone: <u>JSND</u>       |
| Brhd:      | Pressure or inches of Hg _____                                 | Previous Test Pressure _____ | Last MIT: <u>07/21/2016</u> |
|            |  |                              | AnnMTReq: _____             |

Comment: No pressure on well.

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

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

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

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment                          | User     | Date       |
|----------------------------------|----------|------------|
| <a href="#">UIC/Routine 2019</a> | schureky | 07/15/2019 |