

**FORM  
INSP**

Rev  
X/20

**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:

05/04/2021

Submitted Date:

05/17/2021

Document Number:

701600039

**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:**

3 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	
Hataway, Billy		bhataway@passcreekresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224893	WELL	PR	09/01/2020	ERIW	087-05286	L Clar 4	PR

**General Comment:**

WELL IS PR LISTED ON UIC ROUTINE 2021

Large empty text area for additional comments or notes.

**Inspected Facilities**

Facility ID: 224893 Type: WELL API Number: 087-05286 Status: PR Insp. Status: PR

**Producing Well**

Comment: WELL IS PR

Corrective Action:

Date:

**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 \_\_\_\_\_

Inj Zone: JSND

TC: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_

Last MIT: 10/22/2018

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_

AnnMTReq: \_\_\_\_\_

Comment: WELL IS LISTED ON UIC ROUTINE 2021 - WELL IS PR

Corrective Action:

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

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

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

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

Comment:

Corrective Action:

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