

**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:

05/14/2021

Submitted Date:

05/17/2021

Document Number:

701600048

FIELD INSPECTION FORM

Loc ID: 313792 Inspector Name: SCHURE, KYM On-Site Inspection: 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10657
Name of Operator: PCR OPERATING LLC
Address: 4040 BROADWAY STREET #510
City: SAN ANTONIO State: TX Zip: 78209

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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
Hataway, Billy		bhataway@passcreekresources.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
225155	WELL	TA	04/27/1990	ERIW	087-05553	ADENA J SAND UNIT W-31	AC

General Comment:

UIC ROUTINE 2021 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: 225155 Type: WELL API Number: 087-05553 Status: TA Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -1 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: 01/06/2012
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: TUBING ON VACUUM = (-1) CASING = 0

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 2021</u>	schureky	05/17/2021