

**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:

05/11/2022

Submitted Date:

05/13/2022

Document Number:

701601534

FIELD INSPECTION FORMLoc ID 313668 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:**

8 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
224799	WELL	IJ	01/01/2022	ERIW	087-05185	DEWEY 2	SI

General Comment:

UIC - ROUTINE - 2022

Location				
Lease Road:				
Type	Access			
comment:	CROPLAND WITH SEASONAL ACCESS			
Corrective Action	L		Date:	
Overall Good: <input type="checkbox"/>				
Signs/Marker:				
Type	WELLHEAD			
Comment:	INSTALL SIGN TO COMPLY WITH RULE 605 SERIES - FIELD WIDE - 30 DAYS			
Corrective Action:			Date:	
Emergency Contact Number:				
Comment:	INSTALL SIGN TO COMPLY WITH RULE 605 SERIES - FIELD WIDE - 30 DAYS			
Corrective Action:				Date: _____
Good Housekeeping:				
Type	WEEDS			
Comment:	CONTROL AND MAINTAIN WEEDS			
Corrective Action:			Date:	
Overall Good: <input type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment:	NONE			
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type				
Comment:				
Corrective Action:			Date:	
Equipment:				corrective date
Type: Other	# 0			
Comment:	NO CHANGE TO EQUIPMENT INVENTORIED			
Corrective Action:				Date:
Venting:				
Yes/No	NO			
Comment:				
Corrective Action:			Date:	
Flaring:				
Type				
Comment:				
Corrective Action:			Date:	

Inspected FacilitiesFacility ID: 224799 Type: WELL API Number: 087-05185 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: JSNDTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 10/22/2018Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ 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
Gravel	In Process	Other	In Process			

Comment: [CROPLAND WITH ROTATIONAL TILLAGE](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
701601553	WELLHEAD - SIGNAGE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5754123