

FORM
INSPRev
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:

701601556

FIELD INSPECTION FORM

Loc ID 313906 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:

6 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
227084	WELL	IJ	08/01/2020	ERIW	087-07827	NICHOLS 13-A24 (OWP)	UN

General Comment:

[UIC - ROUTINE - 2022](#)

Location			
Lease Road:			
Type	Access		
comment:	CROPLAND WITH SEASONAL ACCESS		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	SATISFACTORY		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	SATISFACTORY		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	NONE		
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	NO CHANGE IN EQUIPMENT INVENTORIED		
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

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

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: 08/02/2018
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: VERY SLIGHT VACUUM ON TUBING

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
701601557	SIGNAGE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5754126