

**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:

701601543

FIELD INSPECTION FORMLoc ID 313700 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:

5 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 (OWP)	UN

General Comment:

UIC ROUTINE 2022

LocationOverall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	STICKERS ARE PEALING OFF - REPLACE STICKERS ON ALL SIGNAGE WHEN NEEDED		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: STICKERS ARE PEALING OFF - REPLACE AS NEEDED

Corrective Action: _____ Date: _____

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment: NONE

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	NO CHANGE		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 224893 Type: WELL API Number: 087-05286 Status: PR Insp. Status: UN**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: WELL SHOWS PR/GW ON SCOUT CARD - ON UIC LIST - NO PRESSURE ON WELL

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____