

**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 FORM

Loc 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

Location

Overall 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 Facilities

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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
			Inj Zone: <u>JSND</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>10/22/2018</u>
Brhd:	Pressure or inches of Hg <u>0</u>	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: _____