

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:

701601568

### FIELD INSPECTION FORM

Loc ID: 454194      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
454196	WELL	SI	03/01/2021	OW	087-08224	JESS 158-13-43	SI

**General Comment:**

UIC ROUTINE 2022 -

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:	SATISFACTORY		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	SATISFACTORY		
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 IN EQUIPMENT INVENTORIED		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 454196 Type: WELL API Number: 087-08224 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 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: 09/05/2018  
 Brhd: 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: \_\_\_\_\_

**Attached Documents**

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

Document Num	Description	URL
701601569	WELLHEAD - SIGNAGE	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5754164">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5754164</a>