

**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:

05/12/2022

Submitted Date:

05/16/2022

Document Number:

701601571

FIELD INSPECTION FORM

Loc ID: 313689 Inspector Name: SCHURE, KYM On-Site Inspection: 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 10657
Name of Operator: PCR OPERATING LLC
Address: 4040 BROADWAY STREET #510
City: SAN ANTONIO State: TX Zip: 78209

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 |
|----------------|-------|---------------------------------|---------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 224865 | WELL | SI | 04/01/2020 | OW | 087-05257 | SCRITSMIER, A B 5 | SI |

General Comment:

(This area is currently blank for general comments.)

| Location | | | |
|--|------------------------------------|--------|-----------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Two track grassland (rangeland) | | |
| Corrective Action: | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Replace stickers as needed. | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | Replace stickers as needed | | Date: _____ |
| Corrective Action: | | | |
| 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: 224865 Type: WELL API Number: 087-05257 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: 06/08/2018
 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: _____

COGCC Comments

| Comment | User | Date |
|-------------------------|----------|------------|
| <u>UIC ROUTINE 2022</u> | schureky | 05/16/2022 |