

**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:

01/17/2024

Submitted Date:

01/31/2024

Document Number:

711900226

**FIELD INSPECTION FORM**

Loc ID 313906 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: 9211 BROADWAY ST #17493  
City: SAN ANTONIO State: TX Zip: 78217

**Findings:**

7 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 |         |
| Wehrer, Gene |       | gwehrer1961@outlook.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 227084      | WELL | IJ     | 12/01/2022  | ERIW       | 087-07827 | NICHOLS 13-A24 | IO          |

**General Comment:**

ROUTINE FIR - UIC WELL - LAST MIT 8-2-2018 - MIT DUE IN 2023 - PAST DUE MIT - WELL HAS NO PRESSURE =0.  
UIC ROUTINE PERFORMED IN LIEU OF MIT  
TUBING PSI = 0  
CASING PSI = 0

| Location   |                                    |        |                 |
|--|------------------------------------|--------|-----------------|
| <b>Lease Road:</b>                                     |                                    |        |                 |
| Type   | Access                             |        |                 |
| comment:   | TWO TRACK GRASSLAND                |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| Overall Good: <input type="checkbox"/>                 |                                    |        |                 |
| <b>Signs/Marker:</b>                                   |                                    |        |                 |
| Type   | WELLHEAD                           |        |                 |
| Comment:   | REPLACE STICKER ON SIGN            |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| Emergency Contact Number:                              |                                    |        |                 |
| Comment:   | REPLACE STICKER ON SIGN            |        | Date: _____     |
| Corrective Action:                                     |                                    |        |                 |
| Overall Good: <input type="checkbox"/>                 |                                    |        |                 |
| <b>Spills:</b>   |                                    |        |                 |
| Type   | Area                               | Volume |                 |
| In Containment: No                                     |                                    |        |                 |
| Comment:   | NONE                               |        |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                                    |        |                 |
| <b>Equipment:</b>                                      |                                    |        |                 |
| Type: Other  | # 0                                |        | corrective date |
| Comment:   | NO CHANGE IN EQUIPMENT INVENTORIED |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| <b>Venting:</b>  |                                    |        |                 |
| Yes/No   | NO                                 |        |                 |
| Comment:   |                                    |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |
| <b>Flaring:</b>  |                                    |        |                 |
| Type   |                                    |        |                 |
| Comment:   |                                    |        |                 |
| Corrective Action:                                     |                                    | Date:  |                 |

**Inspected Facilities**

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

**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: 08/02/2018  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ 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 WELL - PAST DUE FOR MIT</u> | schureky | 01/31/2024 |