

**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:

01/29/2024

Submitted Date:

02/01/2024

Document Number:

711900242**FIELD INSPECTION FORM**Loc ID 313700 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10657Name of Operator: PCR OPERATING LLCAddress: 9211 BROADWAY ST #17493City: SAN ANTONIO State: TX Zip: 78217**Status Summary:**

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

Findings:10 Number of Comments1 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
224893	WELL	PR	01/01/2023	ERIW	087-05286	L Clar 4	AO

General Comment:

ROUTINE FIR - UIC ROUTINE PERFORMED IN LIEU OF PAST DUE MIT - MIT DUE IN 2023 - CONTACT ECMC ENGINEERING FOR DIRECTIVES

Location**Lease Road:**

Type	Access		
comment:	TWO TRACK GRASSLAND		
Corrective Action	L	Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	REPLACE STICKER ON SIGN		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	REPLACE STICKER ON SIGN		
Corrective Action:		Date:	

Good Housekeeping:

Type	WEEDS		
Comment:	MOW-SPRAY- MAINTAIN VEGETATION GROWTH ON LOCATION AND LEASE ROAD		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: NONE

☐ 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: 224893 Type: WELL API Number: 087-05286 Status: PR Insp. Status: AO

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: 10/22/2018

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: ROUTINE UIC FIR PERFORMED IN LIEU OF PAST DUE MIT - CONTACT ECMC FOR DIRECTIVES

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: UIC MIT DUE BEFORE 10-22-2023 - PAST DUE MIT - CONTACT ECMC ENGINEERING FOR DIRECTIVES

Corrective Action: PERFORM UIC MIT BEFORE 10-22-2023 Date: 10/22/2023

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

Comment: WELL IS SI - SHOWING PR ON MAPPING - LAST MIT 10-22-2018 - MIT DUE BEFORE 10-22-2023 - PAST DUE MIT - CONTACT ECMC ENGINEERING FOR DIRECTIVES - ROUTINE MIT PERFORMED IN LIEU OF PAST DUE MIT

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
PAST DUE UIC MIT - CONTACT ECMC ENGINEERING FOR DIRECTIVES	schureky	02/01/2024