

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:

02/01/2024

Submitted Date:

02/05/2024

Document Number:

711900263

### FIELD INSPECTION FORM

Loc ID 313696 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:**8 Number of Comments0 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
Wehrer, Gene		gwehrer1961@outlook.com	
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224887	WELL	SI	11/01/2015	GW	087-05280	AJU JOHNSON-GLN 1	SI

**General Comment:**

UIC ROUTINE 2024 - LAST MIT 6-4-2019

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	TWO TRACK GRASSLAND		
Corrective Action:			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	REPLACE STICKER		
Corrective Action:			Date:

<b>Emergency Contact Number:</b>			
Comment:	REPLACE STICKER		
Corrective Action:			Date: _____

<b>Good Housekeeping:</b>			
Type	OTHER		
Comment:	MOW - SPRAY - MAINTAIN VEGETATION GROWTH ON LOCATION AND LEASE ROAD		
Corrective Action:			Date:

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No	
Comment:	NONE
<input type="checkbox"/> Multiple Spills and Releases?	

<b>Equipment:</b>			corrective date
Type: Other	# 0		
Comment:	NO CHANGE		
Corrective Action:			Date:

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:			Date:

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**Inspected Facilities**

Facility ID: 224887 Type: WELL API Number: 087-05280 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: 06/04/2019  
 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 2024</u>	schureky	02/05/2024