

**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:

02/02/2024

Submitted Date:

02/07/2024

Document Number:

711900274

**FIELD INSPECTION FORM**

Loc ID 313713 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:**

8 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 |
|--------------|-------|-------------------------|---------|
| Wehrer, Gene |       | gwehrer1961@outlook.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 224931      | WELL | SI     | 06/01/1998  | OW         | 087-05324 | LAUGHLIN, R J 3 | SI          |

**General Comment:**

SNAP-SHOT ROUTINE FIR - LAST MIT 12-6-2017 - MIT PAST DUE

**Location**

|                    |                       |  |       |
|--------------------|-----------------------|--|-------|
| <b>Lease Road:</b> |                       |  |       |
| Type               | Access                |  |       |
| comment:           | TWO TRACK GRASSLAND - |  |       |
| Corrective ActionL |                       |  | Date: |

Overall Good:

|                      |                         |  |       |
|----------------------|-------------------------|--|-------|
| <b>Signs/Marker:</b> |                         |  |       |
| Type                 | WELLHEAD                |  |       |
| Comment:             | REPLACE STICKER ON SIGN |  |       |
| Corrective Action:   |                         |  | Date: |

|                           |                         |  |             |
|---------------------------|-------------------------|--|-------------|
| Emergency Contact Number: |                         |  |             |
| Comment:                  | REPLACE STICKER ON SIGN |  |             |
| Corrective Action:        |                         |  | Date: _____ |

|                           |  |  |       |
|---------------------------|--|--|-------|
| <b>Good Housekeeping:</b> |  |  |       |
| Type                      | OTHER                                    |  |       |
| Comment:                  | MOW - SPRAY - MAINTAIN VEGETATION GROWTH |  |       |
| Corrective Action:        |  |  | Date: |

Overall Good:

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

In Containment: No

Comment: NONE

Multiple Spills and Releases?

|                    |                                    |  |                 |
|--------------------|------------------------------------|--|-----------------|
| <b>Equipment:</b>  |                                    |  | corrective date |
| Type: Other        | # 0                                |  |                 |
| 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: 224931 Type: WELL API Number: 087-05324 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: LAST MIT 12-6-2017 WELL SI OVER (2) YRS. MIT PAST DUE

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**COGCC Comments**

| Comment               | User     | Date       |
|-----------------------|----------|------------|
| <u>SNAP SHOT 2024</u> | schureky | 02/07/2024 |