

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:

02/13/2024

Submitted Date:

02/22/2024

Document Number:

711900364**FIELD INSPECTION FORM**

Loc ID 313955 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
256209	WELL	SI	01/01/2023	ERIW	087-08112	ADENA J SAND UNIT 6-71	SI

General Comment:

[ROUTINE FIR - LAST MIT 4-21-2021 - WELL FILE SHOWS SI/IJ. LAST PROD. REPORT 12-01-2022 - MIT DUE 1-1-2025](#)

[WELL FILE SHOWING IJ/SI STATUS - UIC ROUTINE PERFORMED IN LIEU OF MIT - NO PRESSURE ON WELL](#)

Location

Lease Road:			
Type	Other		
comment:	MAINTAIN LEASE ROAD FOR YEAR-ROUND ACCESS		
Corrective ActionL			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	OTHER		
Comment:	CONTROL VEGETATION GROWTH AT WELLHEAD		
Corrective Action:			Date:

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	NO CHANGE		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 256209 Type: WELL API Number: 087-08112 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: 04/21/2021
 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>ROUTINE FIR - UIC ROUTINE 2024 - NO PRESSURE ON WELL</u>	schureky	02/22/2024