

**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:

02/13/2024

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: 10657

Name of Operator: PCR OPERATING LLC

Address: 9211 BROADWAY ST #17493

City: 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 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 | |
| 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 Action | | 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: NONE

☐ 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 |
|--|----------|------------|
| ROUTINE FIR - UIC ROUTINE 2024 - NO PRESSURE ON WELL | schureky | 02/22/2024 |