

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:

02/15/2024

Submitted Date:

02/26/2024

Document Number:

711900372

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
313970 _____ SCHURE, KYM _____ 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:

9 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
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
227400	WELL	SI	03/01/2017	ERIW	087-60003	ADENA J SAND UNIT W-7	SI

General Comment:

UIC ROUTINE 2024 - LAST MIT 4/23/2021 - NO PRESSURE ON WELL

Location

Lease Road:			
Type	Access		
comment:	TWO TRACK GRASSLAND - 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: 227400 Type: WELL API Number: 087-60003 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: 04/23/2021
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC ROUTINE 2024 - NO PRESSURE ON WELL

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: UIC ROUTINE - NO PRESSURE ON WELL

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>UIC ROUTINE 2024 - NO PRESSURE ON WELL</u>	schureky	02/26/2024