

**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:

02/20/2024

Submitted Date:

02/26/2024

Document Number:

711900380**FIELD INSPECTION FORM**Loc ID 313792 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:**9 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
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
225155	WELL	TA	04/27/1990	ERIW	087-05553	ADENA J SAND UNIT W-31	TA

**General Comment:**

UIC ROUTINE 2024 - LAST MIT 4-21-2017 - APPROVED FORM 6 DATED 12-31-2028

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	TWO TRACK GRASSLAND - MAINTAIN LEASE ROAD FOR YEAR-ROUND ACCESS		
Corrective Action	L	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		Date:
Corrective Action:			

<b>Good Housekeeping:</b>			
Type	OTHER		
Comment:	CONTROL VEGETATION GROWTH AT WELLHEAD		
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		
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: 225155 Type: WELL API Number: 087-05553 Status: TA Insp. Status: TA

**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: 09/01/2022  
Brhd: Pressure or inches of Hg 0 Previous Test Pressure AnnMTReq:

Comment: NO PRESSURE ON WELL LAST MIT 4-21-2017 APPROVED FORM 6 - DATED  
12-31-2028

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: LAST MIT 4-21-2017 MIT PAST DUE

Corrective Action: Date:

**COGCC Comments**

Comment	User	Date
UIC ROUTINE 2024 - NO PRESSURE ON WELL - APPROVED FORM 6 DATED 12-31-2028	schureky	02/26/2024