

**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:

711900382**FIELD INSPECTION FORM**Loc ID 313975 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
227409	WELL	SI	10/01/2018	ERIW	087-60012	ADENA J SAND UNIT W-3	SI

**General Comment:**

UIC ROUTINE 2024 - LAST MIT 4-22-2021 NO PRESSURE ON WELL APPROVED FOR P&amp;A 12-31-2028

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	TWO TRACK GRASSLAND - MAINTAIN LEASE ROAD		
Corrective Action		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:	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: 227409

Type: WELL

API Number: 087-60012

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: 04/22/2021

Brhd: Pressure or inches of Hg 0

Previous Test Pressure

AnnMTReq:

Comment:

NO PRESSURE ON WELL APPROVED FOR P&A 12-31-2028 LAST MIT 4-22-2021

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 2024 NO PRESSURE ON WELL APPROVED FOR P&A 12-31-2028

Corrective Action:

Date:

COGCC Comments		
Comment	User	Date
UIC ROUTINE 2024	schureky	02/26/2024