

**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:

02/22/2024

Submitted Date:

02/29/2024

Document Number:

711900388**FIELD INSPECTION FORM**Loc ID 313766 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 |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 225092      | WELL | SI     | 06/01/1998  | OW         | 087-05487 | State of Colorado B-2 | SI          |

**General Comment:**

ROUTINE FIR - LAST MIT 10-25-2022 CA'S FROM DOC# 701603165 4-20-2023 HAVE NOT BEEN PERFORMED

**Location**

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

Overall Good: ☐

|                      |                             |       |  |
|----------------------|-----------------------------|-------|--|
| <b>Signs/Marker:</b> |                             |       |  |
| Type                 | WELLHEAD                    |       |  |
| Comment:             | REPLACE STICKER AT WELLHEAD |       |  |
| Corrective Action:   |                             | Date: |  |

|                           |                             |       |  |
|---------------------------|-----------------------------|-------|--|
| Emergency Contact Number: |                             |       |  |
| Comment:                  | REPLACE STICKER AT WELLHEAD |       |  |
| 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 IN EQUIPMENT INVENTORIED |       |                 |
| 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: 225092

Type: WELL

API Number: 087-05487

Status: SI

Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder:

Comment: ROUTINE FIR - CA'S FROM DOC# 701603165 4-20-2023 HAVE NOT BEEN PERFORMED

Corrective Action:

Date:

COGCC Comments

| Comment  | User     | Date       |
|--|----------|------------|
| ROUTINE FIR - CA'S HAVE NOT BEEN PERFORMED DOC#701603165 4/20/2023 | schureky | 02/29/2024 |