

**FORM  
INSP**Rev  
05/11**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:

05/23/2016

Document Number:

673713206

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |   |             |
|---------------------|-------------|--------|-----------------|---|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: |
|                     | 204006      | 320625 | Sherman, Susan  |   |             |

**Operator Information:**OGCC Operator Number: 41550Name of Operator: TYLER ROCKIES EXPLORATION LTDAddress: P O BOX 119City: TYLER State: TX Zip: 75710-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

| Contact Name | Phone          | Email                   | Comment          |
|--------------|----------------|-------------------------|------------------|
| Strawn, Mark | (930) 595-4886 | texcomo@sbcglobal.net   |                  |
| Quint, Craig |                | craig.quint@state.co.us | COGCC Supervisor |
| Hall, Dan    | (303) 966-9610 | dan@energyop.com        |                  |
| Behrens, Vic | (303) 810-6382 | behrens@netecin.net     |                  |

**Compliance Summary:**QtrQtr: SWSE Sec: 29 Twp: 4S Range: 60W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/30/2015 | 673710299 | SI         | SI          | SATISFACTORY                  |          |                | No              |
| 06/06/2014 | 673703802 | SI         | SI          | SATISFACTORY                  |          |                | No              |
| 06/19/2013 | 668300383 | SI         | UN          | SATISFACTORY                  | P        |                | No              |
| 07/30/2012 | 667600595 | IJ         | IJ          | SATISFACTORY                  | P        |                | No              |
| 08/18/2011 | 200318974 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 08/06/2010 | 200266117 | MI         | PR          | SATISFACTORY                  |          |                | No              |
| 04/15/2010 | 200250386 | SR         | AC          | SATISFACTORY                  |          |                | No              |
| 08/20/2009 | 200217007 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 08/11/2008 | 200194198 | RT         | AC          | SATISFACTORY                  |          |                | No              |
| 07/13/2007 | 200114646 | RT         | IO          | SATISFACTORY                  |          | Pass           | No              |
| 06/20/2006 | 200093853 | RT         | SI          | SATISFACTORY                  |          | Pass           | No              |
| 07/26/2005 | 200074229 | MI         | TA          | SATISFACTORY                  |          | Pass           | No              |
| 08/03/2004 | 200057558 | RT         | TA          | SATISFACTORY                  |          | Pass           | No              |
| 08/19/2003 | 200042999 | RT         | TA          | SATISFACTORY                  |          | Pass           | No              |
| 06/11/2002 | 200027262 | RT         | TA          | SATISFACTORY                  |          | Pass           | No              |
| 07/11/2001 | 1065388   | RT         | TA          | ACTION REQUIRED               |          | Fail           | Yes             |
| 08/02/2000 | 896120    | MI         | TA          | SATISFACTORY                  |          | Pass           | No              |
| 07/23/1999 | 500134087 | ID         | AC          |                               |          | Fail           | Yes             |

Inspector Name: Sherman, Susan

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------|-------------------------------------|
| 204006      | WELL | SI     | 12/01/2014  | ERIW       | 005-06089 | PEORIA J-SAND UNIT<br>27 | SI          | <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____    | LACT Unit: _____    | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: _____    | Oil Pipeline: _____ | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: _____   | Oil Tanks: _____    | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____ | Flare: _____        | Fuel Tanks: _____       |

**Location**

**Lease Road:**

| Type | Satisfactory/Action<br>Required | comment | Corrective Action | Date |
|------|---------------------------------|---------|-------------------|------|
|      |                                 |         |                   |      |

**Signs/Marker:**

| Type     | Satisfactory/Action<br>Required | Comment | Corrective Action | CA Date |
|----------|---------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY                    |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

| Type | Satisfactory/Action<br>Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
|      |                                 |         |                   |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

**Fencing/:**

| Type     | Satisfactory/Action<br>Required | Comment      | Corrective Action | CA Date |
|----------|---------------------------------|--------------|-------------------|---------|
| WELLHEAD | SATISFACTORY                    | steel panels |                   |         |

**Equipment:**

|                             |     |                               |              |
|-----------------------------|-----|-------------------------------|--------------|
| Type: Deadman # &<br>Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                     |     |                               |              |
| Corrective Action           |     |                               | Date: _____  |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Inspector Name: Sherman, Susan

|                    |   |          |                     |                  |
|--------------------|---|----------|---------------------|------------------|
| Contents           | # | Capacity | Type                | SE GPS           |
|                    |   |          | CENTRALIZED BATTERY | ,                |
| S/AR               |   |          | Comment:            |                  |
| Corrective Action: |   |          |                     | Corrective Date: |

**Paint**

|                  |  |
|------------------|--|
| Condition        |  |
| Other (Content)  |  |
| Other (Capacity) |  |
| Other (Type)     |  |

**Berms**

|                   |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Venting:**

|         |  |
|---------|--|
| Yes/No  |  |
| Comment |  |

**Flaring:**

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 204006

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/AR:** SATISFACTORY**Comment:** No COAs.**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Wildlife BMPs:****S/AR:** \_\_\_\_\_**Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Comment:** \_\_\_\_\_**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_

Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 204006

Type: WELL

API Number: 005-06089

Status: SI

Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg ~1" Hg  
(e.g. 30 psig or -30" Hg)Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: JSND

TC: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ Last MIT: 06/06/2014

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: **SI.** \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: **open range** \_\_\_\_\_1003a. Waste and Debris removed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Inspector Name: Sherman, Susan

Pit, cellars, rat holes and other bores closed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation

#### Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads \_\_\_\_\_ Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location ☐ Multi-Well Location ☐

#### Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment    |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|------------|
| Other            | Pass            |                         |                       |               |                          | vegetation |

Inspector Name: Sherman, Susan

|   |      |            |      |  |  |  |
|---|------|------------|------|--|--|--|
| Compaction  | Pass | Compaction | Pass |  |  |  |
| S/A/V: SATISFACTOR      Corrective Date: _____                                |      |            |      |  |  |  |
| Y _____   |      |            |      |  |  |  |
| Comment: _____  |      |            |      |  |  |  |
| CA: _____   |      |            |      |  |  |  |
| <b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT |      |            |      |  |  |  |

| COGCC Comments |          |            |
|----------------|----------|------------|
| Comment        | User     | Date       |
| Routine UIC.   | ShermaSe | 05/23/2016 |

#### Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description  | URL   |
|--------------|--|---|
| 673713206    | INSPECTION APPROVED                                  | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863393">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863393</a> |
| 673713212    | Tyler Rockies Exploration LTD, Peoria J-Sand Unit 27 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863390">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863390</a> |