

**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:
07/12/2016
Document Number:
685500072
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>201505</u>	<u>319830</u>	<u>MONTOYA, JOHN</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>41550</u>
Name of Operator:	<u>TYLER ROCKIES EXPLORATION LTD</u>
Address:	<u>P O BOX 119</u>
City:	<u>TYLER</u> State: <u>TX</u> Zip: <u>75710-</u>

- 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	903-595-4886	texcomo@sbcglobal.net	All Inspections
Koehler, Bob		bob.koehler@state.co.us	
Ellsworth, Stuart		stuart.ellsworth@state.co.us	

Compliance Summary:

QtrQtr: NENW Sec: 31 Twp: 3S Range: 59W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/24/2015	671104473	IJ	IJ	ACTION REQUIRED			No
06/11/2014	671101540	IJ	IJ	SATISFACTORY			No
06/20/2013	667601426	IJ	AC	SATISFACTORY	P		No
07/23/2012	667600589	IJ	AC	SATISFACTORY	P		No
07/22/2011	200315990	RT	AC	SATISFACTORY			No
07/20/2010	200263222	MI	AC	SATISFACTORY			No
07/13/2009	200214590	RT	AC	SATISFACTORY			No
11/18/2008	200199147	RT	AC	SATISFACTORY			No
08/22/2007	200118216	RT	AC	SATISFACTORY			No
08/21/2007	200117979	RT	AC	SATISFACTORY			No
06/01/2006	200091310	RT	AC	SATISFACTORY		Pass	No
06/13/2005	200072957	MI	AC	SATISFACTORY		Pass	No
06/09/2004	200055885	RT		SATISFACTORY		Pass	No
07/10/2003	200041611	RT	AC	SATISFACTORY		Pass	No
07/16/2002	200028864	RT	AC	SATISFACTORY		Pass	No
07/21/1999	500131615	MT	SI			Pass	No

Inspector Comment:

Related Facilities:								
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159052	UIC DISPOSAL	AC	12/06/2001		-	COWELL #1	AC	<input checked="" type="checkbox"/>
201505	WELL	IJ	12/27/2001	DSPW	001-06908	COWELL 1	IJ	<input type="checkbox"/>

Equipment:	<u>Location Inventory</u>		
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 Required	comment	Corrective Action	Date
Main	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	SE CORNERN 39.45139W- 104.01979		

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil		<= 1 bbl	"Remove oil from pit per Rule 902.c."	08/12/2016

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ACTION REQUIRED	FENCE DOWN ON WEST SIDE OF RETYENTION POND	"Location is within a designated setback location, install fencing per Rule 604.c. (2)M."	08/12/2016

Equipment:				
Type: Other	#	Satisfactory/Action Required:		
	# 1	SATISFACTORY		

Comment	INJECTION PUMP	
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	39.451500,-104.018800

S/AR	SATISFACTORY	Comment:
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action	"Repair or install berms or other secondary containment devices per Rule 906.d.(1)."	Corrective Date	08/12/2016
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Comment	REPAIR BERMS WILL NOT HOLD 1 1/2 TIMES CAPACITY ON WATER TANK
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Venting:

Yes/No	NO
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Comment	
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Flaring:

Type	Satisfactory/Action Required
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Comment:	
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Corrective Action:	Correct Action Date:
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Predrill

Location ID: 201505

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ Comment: _____

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: 159052 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 1000

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: WELL WAS ON VACCUM WHEN WE OPENED THE TU BING VALVE NO PRESSURE ON THE CSG

Method of Injection: GRAVITY FEED

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: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

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 ? Pass
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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
Gravel	Pass	Gravel	Pass			

Inspector Name: MONTOYA, JOHN

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
UIC INSPECTION DOCUMENT # 671104473 DATED 7/24/15 BERMS IN DISREPAIR WILL NOT HOLD 400 BBLS, WEST FENC3 AT RETENTION POND STILL DOWN	montoyaj	07/12/2016

Attached Documents

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

Document Num	Description	URL
685500072	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3901825
685500073	BATTERY SIGN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3901820
685500074	BERMS NEED REPAIRED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3901821
685500075	SOILED WEEDS SE CORNER RETENTION POND	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3901822
685500076	WEST FENCE DOWN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3901823