

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:
07/27/2016
Document Number:
685500204
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

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

Operator Information:

OGCC Operator Number: 41550
Name of Operator: TYLER ROCKIES EXPLORATION LTD
Address: P O BOX 119
City: 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 | 903-595-4886 | texcomo@sbcglobal.net | All Inspections |
| Koehler, Bob | | bob.koehler@state.co.us | |
| Burn, Diana | | diana.burn@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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/12/2016 | 685500072 | IJ | IJ | AR | | | No |
| 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 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 Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| Main | SATISFACTORY | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|--------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | se cornern39 | | |
| BATTERY | SATISFACTORY | | | |

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 |
|------|------|--------|-------------------|---------|
| | | | | |

Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

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

Venting:

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

Flaring:

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

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: | <u>159052</u> | Type: | <u>UIC</u> | API Number: | <u>-</u> | Status: | <u>AC</u> | Insp. Status: | <u>AC</u> |
|--------------|---------------|-------|------------|-------------|----------|---------|-----------|---------------|-----------|

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 _____ AnnMTRReq: _____

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 201505 Type: WELL API Number: 001-06908 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/20/2010

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: -0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: start 365 psi, 5 min 360 psi, 10 min 360 psi, 15 min 355 psi, -10 passed

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:

Lat Long

DWR Receipt Num: _____ Owner Name: _____ GPS: _____

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? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

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

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

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 _____

Inspector Name: MONTOYA, JOHN

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|----------|------------|
| Document# 685500072, dated 7/12/16, berems been repaired and fence on west side of water oit has been repaired | montoyaj | 07/27/2016 |

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------|---|
| 685500204 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3913869 |