

FORM
INSPRev
X/15

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:

03/07/2017

Submitted Date:

03/09/2017

Document Number:

673714995

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
320709 _____ Sherman, Susan _____ 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

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

Findings:

- 14 _____ Number of Comments
0 _____ Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Hall, Dan	(303) 966-9610	dan@energyop.com	
Strawn, Mark	(930) 595-4886	texcomo@sbcglobal.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204603	WELL	PR	10/10/2007	OW	005-06688	AMOCO-UPRR-NOONEN-PRICE 1	PR

General Comment:

Location

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input type="text" value="970-395-7239"/>		
Corrective Action:	<input type="text"/>		Date: <input type="text"/>

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	PIT		
Comment:	barbed wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		

Comment:	chemical container. 5 psi, 0 psi	Date:	
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:	propane tank, concrete pad, bermed, GPS 39.72385, -103.96235	Date:	
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	shed, gas engine, gas scrubber	Date:	
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:		Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	BV CONCRETE		,
Comment:					
Corrective Action:					
					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	40 bbls
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:	same berms as pit			
Corrective Action:				
				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		,
Comment:	enardo valve				
Corrective Action:					
					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	same berms as heated tank			
Corrective Action:				
				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS		
CRUDE OIL	1	300 BBLs	HEATED STEEL AST		39.724040,-103.962450		
Comment:		smoke stack/bird protector					
Corrective Action:						Date:	
Paint							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
Berms							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	
Venting:							
Yes/No	NO						
Comment:							
Corrective Action:						Date:	
Flaring:							
Type							
Comment:							
Corrective Action:						Date:	

Location Construction

Location ID: 204603 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective Action: _____

Date: _____

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:

Inspected Facilities

Facility ID: 204603 Type: WELL API Number: 005-06688 Status: PR Insp. Status: PR

Producing Well

Comment: [PR. Dec 2016 reported to COGCC database.](#)

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment:

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment

Corrective Action

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment

Corrective Action

Date _____

1002c. PROTECTION OF SOILS _____

Comment

Corrective Action

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment

Corrective Action

Date _____

1003a. Waste and Debris removed? Pass

Comment

Corrective Action

Date _____

Unused or unneeded equipment onsite? Pass

Comment

Corrective Action

Date _____

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

Comment

Corrective Action

Date _____

Guy line anchors marked? Pass

Comment

Corrective Action

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 _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____

Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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			
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Produced Water Lined: NO Pit ID: _____ Lat: 39.723410 Long: -103.962130

Reference Point: SE Other: _____ Length: 50 Width: 25

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action

Date: c

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action

Date: _____

Attached Documents

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

Document Num	Description	URL
673715004	Tyler Rockies Amoco-UPRR-Noonen-Price 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4093840