

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:

06/11/2019

Submitted Date:

06/12/2019

Document Number:

688304833

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
320627 _____ Sherman, Susan _____ 2A Doc Num: _____

Operator Information:

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

Status Summary:

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

Findings:

6 Number of Comments
0 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
Braden, David	303-969-9610	david@energyop.com	
Strawn, Mark		texcomo@sbcglobal.net	
Quint, Craig		craig.quint@state.co.us	
Hall, Dan	(303) 969-9610	dan@energyop.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204026	WELL	IJ	05/01/2017	ERIW	005-06109	PEORIA J-SAND UNIT 43	AC

General Comment:

UIC MIT, passed

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	970-395-7239	Date:	
Corrective Action:			

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

Equipment:

Type: Flow Line	# 1		corrective date
Comment:	Anadarko sales line riser and lines in the area to be removed by Andardko per pumper.		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		
Comment:					
Corrective Action:				Date:	

Paint

Condition	<input type="text"/>
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Location Construction

Location ID: 204026 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: 204026 Type: WELL API Number: 005-06109 Status: IJ Insp. Status: AC

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: 07/02/2014
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: 5 Year Tbg psi: vac Csg psi: 365 BH psi: 0

Insp. Status: Pass

Comment: Twenty gallons of fluid to fill casing prior to test previous day. Pressured casing to 365 psi that held solid for 15 mins. Casing pressure went back to 0 psi at end of MIT. Form 21 signed on 6/11/2019 and is attached.. Operator will submit Form 21 electronically. Well was injecting at time of test.

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
688304865	Tyler Rockies Peoria J-Sand Unit 43 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854948
688304866	Tyler Rockies Peoria J-Sand Unit 43 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854949
688304867	Tyler Rockies Peoria J-Sand Unit 43 Anadarko sales line	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854950
688304905	Tyler Rockies Peoria J-Sand Unit 27 and 43 Form 21s	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854951