

**FORM
INSP**Rev
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 320627 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 41550Name of Operator: TYLER ROCKIES EXPLORATION LTDAddress: P O BOX 119City: 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 Comments0 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

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-395-7239

Corrective Action:

Date: _____

Overall Good: ☐

Spills:					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Flow Line	# 1		
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		
Other (Content)		
Other (Capacity)		
Other (Type)		

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 FacilitiesFacility 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 FEEDTest Type: 5 Year Tbg psi: vac Csg psi: 365 BH psi: 0Insp. 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 DocumentsYou 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