

**FORM  
INSP**

Rev  
X/20

**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:

01/14/2022

Submitted Date:

01/14/2022

Document Number:

699503455

**FIELD INSPECTION FORM**

Loc ID 319830 Inspector Name: MEDINA, JUSTIN On-Site Inspection  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:**

- 4 Number of Comments
- 1 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  |         |
| Behrens, Vic  | (303) 810-6382 | behrens@netecin.net |         |

**Inspected 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          |

**General Comment:**

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

Type OTHER

Comment: Weeds unmanaged on location, chemical tanks needs stormwater BMP

Corrective Action: Comply with COGCC housekeeping/stormwater rules.

Date: 02/14/2022

Overall Good:

**Spills:**

| Type | Area | Volume |
|------|------|--------|
|      |      |        |

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type LOCATION

Comment: 4' barb wire fence

Corrective Action:

Date:

**Tanks and Berms:**

| Contents                                | # | Capacity | Type      | Tank ID | SE GPS                     |
|---|---|----------|-----------|---------|----------------------------|
| PRODUCED WATER                          | 1 | 400 BBLs | STEEL AST |         | ,                          |
| Comment: <input type="text"/>           |   |          |           |         |                            |
| Corrective Action: <input type="text"/> |   |          |           |         | Date: <input type="text"/> |

**Paint**

Condition Adequate

Other (Content)

Other (Capacity)

Other (Type)

**Berms**

| Type                                    | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance                |
|---|----------|---------------------|---------------------|----------------------------|
| Earth                                   | Adequate | Walls Sufficient    | Base Sufficient     | Adequate                   |
| Comment: <input type="text"/>           |          |                     |                     |                            |
| Corrective Action: <input type="text"/> |          |                     |                     | Date: <input type="text"/> |

**Venting:**

Yes/No NO

Comment:

Corrective Action:

Date:

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Inspected Facilities**

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: UIC inspection for facility

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

| Reclamation - Storm Water - Pit  |                 |                                    |                       |                    |                          |             |
|--|-----------------|------------------------------------|-----------------------|--------------------|--------------------------|-------------|
| <b>Storm Water:</b>  |                 |                                    |                       |                    |                          |             |
| Loc Erosion BMPs   | BMP Maintenance | Lease Road Erosion BMPs            | Lease BMP Maintenance | Chemical BMPs      | Chemical BMP Maintenance | Comment     |
|  |                 |                                    |                       |                    |                          |             |
| Comment: <input style="width: 90%;" type="text"/><br>Corrective Action: <input style="width: 90%;" type="text"/> |                 |                                    |                       |                    |                          | Date: _____ |
| <b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT   |                 |                                    |                       |                    |                          |             |
| Type: <u>Evaporation</u>   | Lined:          | Pit ID:                            | Lat:                  | Long:              |                          |             |
| Reference Point: _____   | Other: _____    | Length: _____                      | Width: _____          |                    |                          |             |
| <b>Lining:</b>   |                 |                                    |                       |                    |                          |             |
| Liner Type: <u>PVC</u>   |                 | Liner Condition: <u>Adequate</u>   |                       |                    |                          |             |
| Comment: <input style="width: 95%;" type="text"/><br>Corrective Action: <input style="width: 95%;" type="text"/> |                 |                                    |                       |                    |                          | Date: _____ |
| <b>Fencing:</b>  |                 |                                    |                       |                    |                          |             |
| Fencing Type: <u>Wildlife</u>  |                 | Fencing Condition: <u>Adequate</u> |                       |                    |                          |             |
| Comment: <input style="width: 95%;" type="text"/><br>Corrective Action: <input style="width: 95%;" type="text"/> |                 |                                    |                       |                    |                          | Date: _____ |
| <b>Netting:</b>  |                 |                                    |                       |                    |                          |             |
| Netting Type:  |                 | Netting Condition:                 |                       |                    |                          |             |
| Comment: <input style="width: 95%;" type="text"/><br>Corrective Action: <input style="width: 95%;" type="text"/> |                 |                                    |                       |                    |                          | Date: _____ |
| Anchor Trench Present:   |                 | Oil Accumulation:                  |                       | 2+ feet Freeboard: |                          |             |
| Comment: <input style="width: 95%;" type="text"/><br>Corrective Action: <input style="width: 95%;" type="text"/> |                 |                                    |                       |                    |                          | Date: _____ |

| COGCC Comments   |         |            |
|--|---------|------------|
| Comment  | User    | Date       |
| <p style="color: blue; margin: 0;">                             COGCC Inspection Report Summary<br/>                             On 1/13/21 I, Inspector Justin Medina conducted an on-site inspection at:<br/>                             Well Name- Cowell 1 Injection Facility<br/>                             Company Name- Tyler Rockies Exploration<br/>                             Loc ID 319830<br/>                             In Adams County Colorado.<br/>                             While there, I observed Injection Facility<br/>                             During this inspection the following possible compliance issues were observed:<br/>                             Weeds unmanaged on location, chemical tanks need stormwater BMP<br/>                             Comply with COGCC housekeeping/stormwater rules. 2/14/22<br/>                             A follow up on this site inspection needs to be conducted to ensure the compliance issues<br/>                             have been corrected to comply with COGCC rules.<br/>                             This is a summary of inspection report.                         </p> | medinaj | 01/14/2022 |

**Attached Documents**

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

| Document Num | Description         | URL   |
|--------------|---------------------|---|
| 699503456    | Inspection Pictures | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5634265">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5634265</a> |