

**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:

02/08/2018

Submitted Date:

02/11/2018

Document Number:

688301149**FIELD INSPECTION FORM**Loc ID 320719 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:17 Number of Comments4 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|----------------|--------------------------|---------|
| Strawn, Mark | | texcomo@sbcglobal.net | |
| Leonard, Mike | | mike.leonard@state.co.us | COGCC |
| Hall, Dan | (303) 969-9610 | dan@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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 204646 | WELL | SI | 06/01/2017 | OW | 005-06731 | LINNEBUR 1-6 | PR |

General Comment:Routine Inspection

Location

Overall Good: ☒

| | | | |
|----------------------|---------------------------------------------|-------|------------|
| Signs/Marker: | | | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | no labels on concrete vault at tank battery | | |
| Corrective Action: | Install sign to comply with Rule 210.d. | Date: | 03/12/2018 |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-395-7239. Message on phone states that it is a working number that has not been assigned. Contacted operator who will research the problem.

Corrective Action: Install sign to comply with Rule 210.b.

Date: 03/12/2018

Good Housekeeping:

| | | | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|
| Type | OTHER | | |
| Comment: | Two valves at crude oil tanks at ground level leaking (see attached photos). Gear box leaking inside shed. T-connection at wellhead leaking. Valve leaking inside treater shed. | | |
| Corrective Action: | Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d. | | Date: 03/12/2018 |

Overall Good: ☐

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|--------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | steel panels | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | steel panels | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|-----------------------|-----|--|-----------------|
| Type: Bird Protectors | # 1 | | corrective date |
|-----------------------|-----|--|-----------------|

| | | | |
|-------------------------------|----------------------------------------------------------------|-------|--|
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Flow Line | # | | |
| Comment: | blue Koch risers north of crude oil tanks (see attached photo) | | |
| Corrective Action: | | Date: | |
| Type: Vertical Heater Treater | # 1 | | |
| Comment: | bermed, shed, propane tank | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: | # | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | chemical container | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | Ajax gas engine, gas scrubber | | |
| 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: | | | | |
| Corrective Action: | | | | Date: |

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| CRUDE OIL | 2 | 400 BBLs | STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

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: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

| | | | |
|--------------------|--|--|-------|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

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

Location Construction

Location ID: 204646 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: | 204646 | Type: | WELL | API Number: | 005-06731 | Status: | SI | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | PR. Jun 2017 production last reported to COGCC database. | | | | | | | | |
| Corrective Action: | Submit required Form 7(s) to COGCC | | | | | | | Date: | 03/12/2018 |

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: _____

Comment: unused pasture, house trailer ~400' to the east of the well, near drainage**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? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

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

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

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 REVEGETATIONCropland

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 |
|------------------|-----------------|-------------------------|-----------------------|----------------------------------------|--------------------------|------------------------------------------------|
| Berms | Pass | Compaction | Pass | Material Handling And Spill Prevention | Pass | secondary containment under chemical container |
| Compaction | Pass | Gravel | Pass | | | |

Comment: berms around well location

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced Water

Lined:

Pit ID:

Lat:

Long:

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date: c**Fencing:**

Fencing Type:

Fencing Condition:

Comment:

Corrective Action

Date:

Netting:

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present:

Oil Accumulation: NO2+ feet Freeboard: YESComment: dry (see attached photo)

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 |
|--------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 688301171 | TREX Linnebur 1-6 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4377335 |