

**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:

688304832

FIELD INSPECTION FORM

Loc ID 320625 Inspector Name: Sherman, Susan 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:

- 6 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
Strawn, Mark		texcomo@sbcglobal.net	
Braden, David	303-969-9610	david@energyop.com	
Hall, Dan	(303) 969-9610	dan@energyop.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204006	WELL	IJ	07/01/2017	ERIW	005-06089	PEORIA J-SAND UNIT 27	SI

General Comment:

UIC MIT, pretest failed on 6/10/2019 per pumper. Field Inspection done on 6/11/2019.

Location

Overall 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 pipe		
Corrective Action:			Date:

Equipment:

Type	#				corrective date
Type: Bradenhead	# 1				
Comment:					
Corrective Action:					Date:
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:					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:

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: 204006 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: 204006 Type: WELL API Number: 005-06089 Status: IJ Insp. Status: SI

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: 06/06/2014
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: Down Csg psi: 0 BH psi: 52 psi

Insp. Status: _____

Comment: Per the pumper, On the pretest, the casing was full of water and casing could only be pressured to 150 psi then fell to 20 psi immediately. Tubing had slight blow that died. Well is SI. Form 21 completed and signed by inspector as failed on 6/11/2019. Operator is to submit failed Form 21 electronically. Form 21 is attached.

Corrective Action: The Peoria J-Sand Unit #27 is required to be either repaired and pass an MIT or plugged and abandoned by December 10, 2019 (six months). Date: 12/10/2019

Attached Documents

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

Document Num	Description	URL
402081141	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855033
688304863	Tyler Rockies Peoria J-Sand Unit 27 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854944
688304864	Tyler Rockies Peoria J-Sand Unit 27 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854946
688304906	Tyler Rockies Peoria J-Sand Unit 27 and 43 Form 21s	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854947