

**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 \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection ☐  
320625 \_\_\_\_\_ Sherman, Susan \_\_\_\_\_ 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 Comments1 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: Bradenhead	# 1		corrective date
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	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855033">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4855033</a>
688304863	Tyler Rockies Peoria J-Sand Unit 27 well sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854944">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854944</a>
688304864	Tyler Rockies Peoria J-Sand Unit 27 wellhead	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854946">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854946</a>
688304906	Tyler Rockies Peoria J-Sand Unit 27 and 43 Form 21s	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854947">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4854947</a>