

**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:

12/10/2019

Submitted Date:

12/12/2019

Document Number:

688306477

FIELD INSPECTION FORM

Loc ID 320627 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:

- 3 Number of Comments
- 0 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
Koehler, Bob		bob.koehler@state.co.us	
Strawn, Mark		texcomo@sbcglobal.net	
Braden, David	303-969-9610	david@energyop.com	
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
204026	WELL	IJ	05/01/2017	ERIW	005-06109	PEORIA J-SAND UNIT 43	AC

General Comment:

Annual Bradenhead Test Inspection
Tubing on a vacuum, bradenhead has slight vac that died when valve opened.

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type WELLHEAD

Comment:

Corrective Action:

Date: _____

Equipment:

corrective date

Type: Bradenhead

1

Comment:

Corrective Action:

Date: _____

Venting:

Yes/No

Comment:

Corrective Action:

Date: _____

Flaring:

Type

Comment:

Corrective Action:

Date: _____

Inspected Facilities

Facility 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: 06/11/2019

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Sep 2019 data submitted to COGCC database.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Comment: Bradenhead slight vacuum that died immediately, tubing -1 psi, casing 4 psi. Operator to submit Form 17.

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
688306531	Tyler Rockies Exploration, Peoria J-Sand Unit 43	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5011756
688306532	Tyler Rockies Exploration, Peoria J-Sand Unit 43	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5011757