

**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 FORMLoc ID 320627 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 41550

Name of Operator: TYLER ROCKIES EXPLORATION LTD

Address: P O BOX 119

City: TYLER State: TX Zip: 75710-

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

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.

LocationOverall 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:

Type: Bradenhead	# 1		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility 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: _____

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

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
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