

FORM
INSPRev
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:

06/09/2017

Submitted Date:

06/13/2017

Document Number:

673715578**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: _____ On-Site Inspection
320625 _____ Sherman, Susan _____ 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:

- 2 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Behrens, Vic	(303) 810-6382	behrens@netecin.net	
Hall, Dan	(303) 966-9610	dan@energyop.com	

Inspected Facilities:

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

General Comment:

BH reading follow up in one month (July 10th).

Inspected Facilities

Facility ID: 204006 Type: WELL API Number: 005-06089 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: 06/06/2014

Brhd: Pressure or inches of Hg 30 psi Previous Test Pressure _____ AnnMTReq: _____

Comment: This is a month followup to a previous 25 psi BH reading. BH blew down in 15 sec. Will recheck BH pressure in one month on July10th.

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____