EPA

Region 6 Compliance Assurance and Enforcement Division

INSPECTION REPORT

051463

(38)

Inspection Date(s):	October 7, 2015		
Media:	UIC		
Regulatory Program(s)	Underground Injection Control		
Company Name:	TD Robbins		
Facility Name:	Longfellow Lease		
Facility Physical Location:	SW/4 Section 11-T21N-R9E		
(city, state, zip code)	Hominy, OK		
Mailing Address:	3003 E 78th Place		
(city, state, zip code)	Tulsa, OK 74136		
County/Parish:	Osage County		
Facility Contact	TD Robbins	(918) 492-4782	
	N/A		
FRS Number:	N/A		
Identification/Permit Number:	N/A		
Media Number:	N/A		
NAICS:	21111		
SIC:	1311		

Personnel participating in the inspection:

Kent Sanborn	6EN-WR	EPA Inspector	918-557-1615
N/A	N/A	N/A	9184924782
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

EPA Lead Inspector Signature/Date	Kent Sanborn — Digitally signed by Kent Sanborn DN: cn=Kent Sanborn, o=EPA, ou, email=sanborn.kent@epa.gov, c=US Date: 2015.11.18 08:22:21 -06'00'	
	Kent Sanborn	Date
Supervisor Signature/Date	WILLIE LANE — Digitally signed by WILLIE LANE DN: c=US, o=U.S. Government, ou=USEPA, ou=Staff, cn=WILLIE LANE, dnQualifier=0000007235 Date: 2015.11.19 12:28:27 -06'00'	
	Willie Lane Jr., Chief, Water Resources Section(6EN-WR)	Date

Section I - INTRODUCTION

PURPOSE OF THE INSPECTION

EPA Region 6 inspector Kent Sanborn visited the TD Robbins oil production facility located in the SW/4 Section 11-T21N-R9E near Hominy, Oklahoma on October 7, 2015. No representative of TD Robbins was present for the inspection. The inspection was conducted by authority of the Safe Drinking Water Act to determine compliance with the Environmental Protection Agency (EPA) regulations.

FACILITY DESCRIPTION

Known as the Longfellow lease. Injection well 10. Inventory number OS1463.

Section II - OBSERVATIONS

The well is hooked up for injection. Tubing valve is open. Line valve is open with a vented cap. The annulus is closed. Dried cement on the ground near the well. No permit yet.

Section III - AREAS OF CONCERN

None

Section IV - FOLLOW UP

Re-inspect in 6 months.

Section V - LIST OF APPENDICES

There are no attachments to this report.

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Mechanical Integrity Test Results

Casing or Annulus Pressure Test

Osage ENR Department

100 W. MAIN ST, STE-304
Pawhuska, Ok 74056

Inspector: J. Andrew Yates AY Test Date: 08/05/2014 Test Time: 1:00 PM
Operator Representative: ROY BARNARD Date Report Sent to Operator: _____

General Well Data

056461

Operator: T.D. Robbins - 274
3003 East 78Th Place
Tulsa, Ok 74136

Inventory Number: OS1463
API Well No.: 35-113-04520-00-00
Well Name/No.: Longfellow #10
Location: SW 11 21N 9E 980S - 810W
Field name: _____
Well Type: SWD 4½"

Phone: (918) 492-4782
Injection Interval: 2197 - 2217 USDW Bot: 540
Annulus Fluid Type: fw pt Concentric Pkr: - Packer Depth: 2152 Casing: 6.5 in. Tubing: 2.4 in.

Tubing and Annulus Pressure Test Results

Type of MIT: Std. Annulus Pres. Test Test Reason: Post Workover Test ✓
Inj. Status: Y Inj. Rate: _____ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		0		0 psi
Initial:	1:00 PM	0		205 psi
Mid:	1:15 PM	0		200 psi
Final:	1:30 PM	0		195 psi

Flowback	Pressure		Volume	
High:	195	psi		
Mid:	100	psi	1500	ml
Low:	20	psi	1250	ml
End:	0	psi	500	ml
Total Volume:			3250	ml

Casing/Tubing Annulus Monitoring
Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: Pass
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: _____
Review Date: 8/28/14

ADA Pressure Test - Required Test Pressure
(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing		Annulus	
Depth to Top Perf/Open Hole:		ft		ft
Depth to Fluid Level:		ft		ft
Fluid Column Height:		ft		ft
Specific Gravity of Fluid:	1.06		1.06	
Nitrogen Weight Factor:				
Required Test Pressure:		psi		psi

Additional Comments for Mechanical Integrity Test

COMPANY CMT'D. 4.5" CSG. LINER IN WELL TO 2168'. RAN SEALITE TBG. & PKR. @ 2152'.

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: **3/9/2016 1:00:00 PM** Duration: 0.3
Operator Representative: NONE. Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: T.D. Robbins Inventory No.: **OS6461** API Well No. 35-113-04520-00-00
3003 East 78Th Place Well Name/No.: ELLOW #10 10 10 Status: ____
Tulsa, Ok 74136 Location: SW 11 21N 9E 810W - 980S Well Type: SWD
Phone: (918) 492-4782 Field Nm: _____ Lat/Lng: **36.306472, 96.315554 G**

ROUTINE UIC INSPECTION

Purpose: Fluid Level Monitoring Responsible Company at Time of Inspection: T.D. Robbins
Inspect No.: iJAY1608132563 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/5/2014 Test Result: ____ Casing: ____ in. Tubing: 2.375 in. USDW: 540 ft subsurf

Monitoring Device Elected:	___
Monitoring Device:	_____
FLM Canister Pressure:	___
Lease Status:	Active
Barrel Monitor Hooked Up?:	___
Barrel Fluid Level (%):	_____
Flowline Hooked Up?:	N
Injecting?:	N

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:	400	0	Max Pressure: 601
How Determined?:	UIC	UIC	Min Req Press: ____
Static Fluid Level:	1839	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	0	How Rate Determined? ____	

Comments

SHUT-IN NEW PERMIT WELL, GAS PRESSURE ON TBG, VALVES ON INJECTION LINE & TBG, CLOSED @ WELL.

Evaluation: Name: DA Date: 3.24.16
Inspection Results: 10 Follow-up: A Reason: Pen
Violation Code: _____ Frequency: _____ Received Date: 3/24/2016

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency
P.O. Box 1495
Pawhuska, OK 74056

Inspector: **J. Andrew Yates** Test Date: **08/05/2014** Test Time: 1:00 PM
Operator Representative: ROY BARNARD Date Report Sent to Operator: _____

General Well Data

Operator: T.D. Robbins - 274
3003 East 78Th Place
Tulsa, Ok 74136
Phone: (918) 492-4782
Injection Interval: 2197 - 2217 USDW Bot: 540
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 2152 Casing: ____ in. Tubing: ##### in.

Inventory Number: **OS1463**
API Well No.: 35-113-04520-00-00
Well Name/No.: _____
Location: SW 11 21N 9E 980S - 810W
Field name: _____
Well Type: SWD

Tubing and Annulus Pressure Test Results

Type of MIT: **Std. Annulus Pres. Test** Test Reason: Post Workover Test
Inj. Status: Y Inj. Rate: _____ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: ____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	
Pre-Test:		0		0	psi
Initial:	1:00 PM	0		205	psi
Mid:	1:15 PM	0		200	psi
Final:	1:30 PM	0		195	psi

Flowback	Pressure		Volume	
High:	195	psi		
Mid:	100	psi	1500	ml
Low:	20	psi	1250	ml
End:	0	psi	500	ml
Total Volume:			3250	ml

Casing/Tubing Annulus Monitoring
Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: **Acceptable**
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 08/28/2014

ADA Pressure Test - Required Test Pressure
(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing		Annulus	
Depth to Top Perf/Open Hole:		ft		ft
Depth to Fluid Level:		ft		ft
Fluid Column Height:		ft		ft
Specific Gravity of Fluid:	1.06		1.06	
Nitrogen Weight Factor:				
Required Test Pressure:		psi		psi

Additional Comments for Mechanical Integrity Test

COMPANY CMT'D. 4.5" CSG. LINER IN WELL TO
2168'. RAN SEALITE TBG. & PKR. @ 2152'.

Received Date: 12/15/2015

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

(29)

Annual Disposal/Injection Well Monitoring Report

Operator: ROBBINS T D
3003 E 78TH PLACE
TULSA OK 74136

Owner: ROBBINS T D
3003 E 78TH PLACE
TULSA OK 74136

State: OK **County:** OSAGE **Inventory Number:** OS1463000
Qtr Section: SW **Section:** 11 **Township:** 21N **Range:** 09E **Surface Location:** 980S/810W

Well Activity
Disposal
No. of Wells: _____

Type of Permit
[X] Individual
[ ] Area

Lease Name
Longfellow

Well Number
10

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2014	0	0	10,850			
Feb 2014	0	0	9,800			
Mar 2014	0	0	10,850			
Apr 2014	0	0	10,500			
May 2014	0	0	10,850			
Jun 2014	0	0	10,500			
Jul 2014	0	0	10,850			
Aug 2014	0	0	10,850			
Sep 2014	0	0	10,500			
Oct 2014	0	0	10,850			
Nov 2014	0	0	10,500			
Dec 2014	0	0	10,850			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
T.D. Robbins	Thomas D. Robbins	4/6/15

Entered

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: **8/5/2014 1:00:00 PM** Duration: 0.8
Operator Representative: ROY BARNARD Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: T.D. Robbins Inventory No.: **OS1463** API Well No. 35-113-04520-00-00
3003 East 78Th Place Well Name/No.: 10 Status: ____
Tulsa, Ok 74136 Location: SW 11 21N 9E 810W - 980S Well Type: SWD
Phone: (918) 492-4782 Field Nm: _____ Lat/Lng: **36.306439, 96.315592 G**

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: T.D. Robbins
Inspect No.: iJAY1422332598 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 8/5/2014 Test Result: ____ Casing: ____ in. Tubing: 2.375 in. USDW: 540 ft subsurf

Monitoring Device Elected:	___
Monitoring Device:	_____
FLM Canister Pressure:	___
Lease Status:	Active
Barrel Monitor Hooked Up?:	___
Barrel Fluid Level (%):	_____
Flowline Hooked Up?:	Y
Injecting?:	Y

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:	-21	0	Max Pressure: 601
How Determined?:	UIC	UIC	Min Req Press: ____
Static Fluid Level:	____	0	Max Rate: _____
How Determined?:	____	O	
Injection Rate (bpd):	____	How Rate Determined? ____	

Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: [signature] Date: 2-11-15
Inspection Results: 4 Follow-up: C Reason: COM
Violation Code: B Frequency: ST

Received Date: 2/10/2015

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency
P.O. Box 1495
Pawhuska, OK 74056

Inspector: **J. Andrew Yates** Test Date: **07/18/2014** Test Time: 12:00 AM
Operator Representative: ROY BARNARD Date Report Sent to Operator: _____

General Well Data

Operator: T.D. Robbins - 274
3003 East 78Th Place
Tulsa, Ok 74136
Phone: (918) 492-4782
Injection Interval: 2197 - 2217 USDW Bot: 540
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 2128 Casing: ____ in. Tubing: #####in.

Inventory Number: **OS1463**
API Well No.: 35-113-04520-00-00
Well Name/No.: _____
Location: SW 11 21N 9E 980S - 810W
Field name: _____
Well Type: SWD

Tubing and Annulus Pressure Test Results

Type of MIT: **Std. Annulus Pres. Test** Test Reason: 5-year Test
Inj. Status: _____ Inj. Rate: _____ bpd Tubular Lining: Seal-tite Dual Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:				psi
Initial:				psi
Mid:				psi
Final:				psi

Flowback	Pressure	Volume
High:	psi	
Mid:	psi	ml
Low:	psi	ml
End:	psi	ml
Total Volume:		0 ml

Casing/Tubing Annulus Monitoring
Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: **Failure**
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 07/29/2014

ADA Pressure Test - Required Test Pressure
(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	ft	ft
Depth to Fluid Level:	ft	ft
Fluid Column Height:	ft	ft
Specific Gravity of Fluid:	1.06	1.06
Nitrogen Weight Factor:		
Required Test Pressure:	psi	psi

Additional Comments for Mechanical Integrity Test

VERBAL FAILURE, WILL NOT PASS MIT.

Received Date: 8/14/2014