

**FORM
INSP**Rev
05/11**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:

06/16/2016

Document Number:

674702832

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335920	335920	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:QtrQtr: NWSE Sec: 1 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/03/2015	674702010			SATISFACTORY		Pass	No
11/03/2015	674702009			SATISFACTORY			No
05/21/2015	674701433			SATISFACTORY			No
04/28/2015	674701333			ACTION REQUIRED			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
294542	WELL	PR	06/24/2001	GW	045-15517	AP 44-1-696	PR	<input checked="" type="checkbox"/>
294544	WELL	AL	05/20/2015	LO	045-15518	AP 444-1-696	AL	<input type="checkbox"/>
294545	WELL	PR	06/24/2001	GW	045-15519	AP 443-1-696	PR	<input checked="" type="checkbox"/>
294851	WELL	PR	04/07/2009	GW	045-15613	AP 43-1-696	PR	<input checked="" type="checkbox"/>
422998	PIT	AC	04/27/2011		-	AP 34-1-696	AC	<input type="checkbox"/>
441849	SPILL OR RELEASE	CL	05/21/2015		-	SPILL/RELEASE POINT	CL	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: **970-285-9377**

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:

Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Chemical container at wells	
Corrective Action	Date: _____	
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required: SATISFACTORY
Comment		

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Corrective Action		Date:	
Type: Plunger Lift	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-2038-001	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	400 BBLS	HEATED STEEL AST	,

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S/AR	SATISFACTORY	Comment:	Air id 045-2038-001			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition		Adequate				
Other (Content) _____						
Other (Capacity) _____						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						

<u>Venting:</u>	
Yes/No	YES
Comment	Bradens are open to vent.

<u>Flaring:</u>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 335920

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Comment: _____

Staking:**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:

Facility

Facility ID: 294542 Type: WELL API Number: 045-15517 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 294545 Type: WELL API Number: 045-15519 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 294851 Type: WELL API Number: 045-15613 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Inspector Name: LONGWORTH, MIKE

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
Mulching	Pass					
Berms	Pass					
Compaction	Pass					
		Check Dams	Pass			
		Culverts	Pass			
				MHSP	Pass	
Gravel	Pass					
Ditches	Pass					
Check Dams	Pass					
		Compaction	Pass			
		Ditches	Pass			

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT