

**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:

07/13/2016

Document Number:

674702936

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335924	335924	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, Terra TEP	970-263-2716	COGCCInspectionReports@terraep.com	TEP Inspection Mail Box

Compliance Summary:QtrQtr: SWSE Sec: 16 Twp: 5S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/09/2015	674700982			ACTION REQUIRED			No
05/02/2014	663903110			SATISFACTORY			No
06/21/2013	663801167			ACTION REQUIRED	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292776	WELL	PR	01/08/2009	GW	045-14767	CHEVRON TR 34-16-597	PR	<input checked="" type="checkbox"/>
292794	WELL	PR	01/08/2009	GW	045-14774	CHEVRON TR 434-16-597	PR	<input checked="" type="checkbox"/>
292795	WELL	PR	01/08/2009	GW	045-14773	CHEVRON TR 433-16-597	PR	<input checked="" type="checkbox"/>
292796	WELL	PR	01/08/2009	GW	045-14772	CHEVRON TR 334-16-597	PR	<input checked="" type="checkbox"/>
292797	WELL	PR	01/08/2009	GW	045-14771	CHEVRON TR 533-16-597	PR	<input checked="" type="checkbox"/>
292798	WELL	PR	01/08/2009	GW	045-14770	CHEVRON TR 33-16-597	PR	<input checked="" type="checkbox"/>
292799	WELL	PR	01/08/2009	GW	045-14769	CHEVRON TR 534-16-597	PR	<input checked="" type="checkbox"/>
292800	WELL	PR	01/08/2009	GW	045-14768	CHEVRON TR 343-16-597	PR	<input checked="" type="checkbox"/>
293727	WELL	PR	01/08/2009	GW	045-15121	CHEVRON TR 331-21-597	PR	<input checked="" type="checkbox"/>

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293728	WELL	PR	01/08/2009	GW	045-15122	CHEVRON TR 431-21-597	PR	<input checked="" type="checkbox"/>
414585	PIT	AC	04/19/2010		-	CHEVRON TR 34-16-597 PAD	AC	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	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

☐ Multiple Spills and Releases?**Fencing/:**

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

Equipment:

Type: Plunger Lift	# 10	Satisfactory/Action Required: SATISFACTORY
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Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 10	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical containers at wells.	
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 12	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
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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	1	400 BBLS	HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Inspector Name: LONGWORTH, MIKE

Corrective Action					Corrective Date	
Comment						
Facilities: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
CONDENSATE	3	400 BBLS	STEEL AST	,		
S/AR	SATISFACTORY		Comment: Air id 045-2114-001			
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		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						

Venting:	
Yes/No	YES
Comment	Bradens are open to vent

Flaring:			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 335924

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: 292776 Type: WELL API Number: 045-14767 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292794 Type: WELL API Number: 045-14774 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292795 Type: WELL API Number: 045-14773 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292796 Type: WELL API Number: 045-14772 Status: PR Insp. Status: PR

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Producing Well

Comment: **Producing well**

Facility ID: 292797 Type: WELL API Number: 045-14771 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292798 Type: WELL API Number: 045-14770 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292799 Type: WELL API Number: 045-14769 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292800 Type: WELL API Number: 045-14768 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293727 Type: WELL API Number: 045-15121 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293728 Type: WELL API Number: 045-15122 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 414585 Type: PIT API Number: - Status: AC Insp. Status: AC

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:

DWR Receipt Num: Owner Name: GPS: Lat Long

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? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

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

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? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

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 _____

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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
		Compaction	Pass			
Berms	Pass					
Gravel	Pass					
		Ditches	Pass			
				MHSP	Pass	
Compaction	Pass					
Ditches	Pass					
		Culverts	Pass			
		Gravel	Pass			

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Pit Type: _____ Lined: YES Pit ID: 414585 Lat: 39.609260 Long: -108.278900

Lining:
Liner Type: Plastic Liner Condition: Adequate
Comment: _____

Fencing:
Fencing Type: Netting/Fen Fencing Condition: Adequate
Comment: _____

Netting:
Netting Type: Fence/Net Netting Condition: Good
Comment: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____
Pit (S/A/V): SATISFACTOR Comment: _____
Corrective Action: _____ Date: _____