

**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:

07/29/2016

Document Number:

674702976

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 324418      | 324418 | 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: SENE Sec: 2 Twp: 6S Range: 98W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/27/2015 | 674701163 |            |             | SATISFACTORY                  |          |                | No              |
| 08/16/2013 | 663901494 |            |             | SATISFACTORY                  | I        |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 290848      | WELL | PR     | 06/04/2007  | GW         | 045-14226 | CHEVRON TR41-2-698 | PR          | <input checked="" type="checkbox"/> |
| 414586      | PIT  | AC     | 03/22/2011  |            | -         | TR 42-2-698        | 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 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 |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| CONTAINERS           | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: 970-285-9377

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR        | SATISFACTORY                 |         |                   |         |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |
| TANK BATTERY     | SATISFACTORY                 |         |                   |         |
| PIT              | SATISFACTORY                 |         |                   |         |

| Equipment:                        |                            |                               |              |  |       |
|-----------------------------------|----------------------------|-------------------------------|--------------|--|-------|
| Type: Bird Protectors             | # 2                        | Satisfactory/Action Required: | SATISFACTORY |  |       |
| Comment                           |                            |                               |              |  |       |
| Corrective Action                 |                            |                               |              |  | Date: |
| Type: Dehydrator                  | # 1                        | Satisfactory/Action Required: | SATISFACTORY |  |       |
| Comment                           |                            |                               |              |  |       |
| Corrective Action                 |                            |                               |              |  | Date: |
| Type: Plunger Lift                | # 1                        | Satisfactory/Action Required: | SATISFACTORY |  |       |
| Comment                           |                            |                               |              |  |       |
| Corrective Action                 |                            |                               |              |  | Date: |
| Type: Horizontal Heated Separator | # 1                        | Satisfactory/Action Required: | SATISFACTORY |  |       |
| Comment                           |                            |                               |              |  |       |
| Corrective Action                 |                            |                               |              |  | Date: |
| Type: Ancillary equipment         | # 1                        | Satisfactory/Action Required: | SATISFACTORY |  |       |
| Comment                           | Chemical container at well |                               |              |  |       |
| Corrective Action                 |                            |                               |              |  | Date: |

|                              |                      |                                   |                              |                      |  |
|------------------------------|----------------------|-----------------------------------|------------------------------|----------------------|--|
| <b>Facilities:</b>           |                      | <input type="checkbox"/> New Tank |                              | Tank ID: _____       |  |
| Contents                     | #                    | Capacity                          | Type                         | SE GPS               |  |
| CONDENSATE                   | 1                    | 300 BBLS                          | STEEL AST                    |                      |  |
| S/AR                         | SATISFACTORY         |                                   | Comment:                     |                      |  |
| 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                      |                      |                                   |                              |                      |  |
| <b>Facilities:</b>           |                      | <input type="checkbox"/> New Tank |                              | Tank ID: _____       |  |
| Contents                     | #                    | Capacity                          | Type                         | SE GPS               |  |
| METHANOL                     | 1                    | <50 BBLS                          | STEEL AST                    |                      |  |
| S/AR                         | SATISFACTORY         |                                   | Comment:                     |                      |  |
| Corrective Action:           |                      |                                   |                              | Corrective Date:     |  |
| <u>Paint</u>                 |                      |                                   |                              |                      |  |
| Condition                    | Adequate             |                                   |                              |                      |  |
| Other (Content) _____        |                      |                                   |                              |                      |  |
| Other (Capacity) 500 gallons |                      |                                   |                              |                      |  |
| Other (Type) _____           |                      |                                   |                              |                      |  |
| <u>Berms</u>                 |                      |                                   |                              |                      |  |
| Type                         | Capacity             | Permeability (Wall)               | Permeability (Base)          | Maintenance          |  |
| Metal                        | Adequate             | Walls Sufficient                  | Base Sufficient              | Adequate             |  |
| Corrective Action            |                      |                                   |                              | Corrective Date      |  |
| Comment                      |                      |                                   |                              |                      |  |
| <b>Venting:</b>              |                      |                                   |                              |                      |  |
| Yes/No                       | YES                  |                                   |                              |                      |  |
| Comment                      | Braden open to vent. |                                   |                              |                      |  |
| <b>Flaring:</b>              |                      |                                   |                              |                      |  |
| Type                         |                      |                                   | Satisfactory/Action Required |                      |  |
| Comment:                     |                      |                                   |                              |                      |  |
| Corrective Action:           |                      |                                   |                              | Correct Action Date: |  |

**Predrill**

Location ID: 324418

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: 290848 Type: WELL API Number: 045-14226 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 414586 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 \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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? \_\_\_\_\_

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 REVEGETATION**

**Cropland**

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

**Non-Cropland**

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Seeding          | Pass            |                         |                       |               |                          |         |
|                  |                 |                         |                       | MHSP          | Pass                     |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT

Inspector Name: LONGWORTH, MIKE

Pit Type: \_\_\_\_\_ Lined: YES Pit ID: 414586 Lat: 39.559880 Long: -108.290600

**Lining:**

Liner Type: \_\_\_\_\_ 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: YES 2+ feet Freeboard: \_\_\_\_\_

Pit (S/A/V): SATISFACTOR Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_