

**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:

08/01/2016

Document Number:

674702985

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334772	334772	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
Colby, Lou		lou.colby@state.co.us	

Compliance Summary:QtrQtr: SWSW Sec: 35 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/04/2015	674702147			SATISFACTORY			No
03/20/2015	674701117			SATISFACTORY			No
10/15/2014	674700419			SATISFACTORY			No

Inspector Comment:317B Intermediate Buffer (301'-500')**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210758	WELL	PR	10/23/1986	GW	045-06516	DERE W-24-35	PR	<input checked="" type="checkbox"/>
210893	WELL	PR	05/03/1998	GW	045-06651	DERE GV 47-35	PR	<input checked="" type="checkbox"/>
281506	WELL	PR	04/11/2007	GW	045-11472	DERE PA 23-35	PR	<input checked="" type="checkbox"/>
281508	WELL	PR	07/08/2009	GW	045-11473	DERE PA 323-35	PR	<input checked="" type="checkbox"/>
288848	WELL	PR	01/10/2007	GW	045-13612	DERE/JENSEN PA 13-35	PR	<input checked="" type="checkbox"/>
288857	WELL	PR	01/10/2007	GW	045-13611	DERE/JENSEN PA313-35	PR	<input checked="" type="checkbox"/>
288858	WELL	PR	01/10/2007	GW	045-13610	DERE/JENSEN PA413-35	PR	<input checked="" type="checkbox"/>
288859	WELL	PR	01/10/2007	GW	045-13609	DERE/JENSEN PA 513-35	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

288860	WELL	PR	01/10/2007	GW	045-13608	DERE/JENSEN PA 24-35	PR	<input checked="" type="checkbox"/>
288861	WELL	PR	01/10/2007	GW	045-13607	DERE/JENSEN PA 423-35	PR	<input checked="" type="checkbox"/>
288862	WELL	PR	01/10/2007	GW	045-13606	DERE/JENSEN PA 523-35	PR	<input checked="" type="checkbox"/>
288863	WELL	PR	01/10/2007	GW	045-13605	DERE/JENSEN PA514-35	PR	<input checked="" type="checkbox"/>
288864	WELL	PR	01/10/2007	GW	045-13604	DERE/JENSEN PA 314-35	PR	<input checked="" type="checkbox"/>
288865	WELL	PR	01/10/2007	GW	045-13603	DERE/JENSEN PA414-35	PR	<input checked="" type="checkbox"/>
446834	TANK BATTERY	AC	07/22/2016		-	DERE-66S95W 35SWSW	AC	<input 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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	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
WEEDS	SATISFACTORY	Thistle found behind tank battery. Continue weed control to prevent spreading of and existance of thistle.		

Spills:

Type	Area	Volume	Corrective action	CA Date

Inspector Name: LONGWORTH, MIKE

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

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

Equipment:

Type: Horizontal Heated Separator	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment	Separators are anchored with cables and ground anchors. Cables ran though skid frames.		
Corrective Action		Date:	
Type: Plunger Lift	# 13	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
CONDENSATE	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	Tanks anchored with cables and ground anchors.	
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	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	Tanks anchored with cables and ground anchors.	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Inspector Name: LONGWORTH, MIKE

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	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: 334772

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: 210758 Type: WELL API Number: 045-06516 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 210893 Type: WELL API Number: 045-06651 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281506 Type: WELL API Number: 045-11472 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281508 Type: WELL API Number: 045-11473 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**Facility ID: 288848 Type: WELL API Number: 045-13612 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288857 Type: WELL API Number: 045-13611 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288858 Type: WELL API Number: 045-13610 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288859 Type: WELL API Number: 045-13609 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288860 Type: WELL API Number: 045-13608 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288861 Type: WELL API Number: 045-13607 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288862 Type: WELL API Number: 045-13606 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288863 Type: WELL API Number: 045-13605 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288864 Type: WELL API Number: 045-13604 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288865 Type: WELL API Number: 045-13603 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well****Environmental****Spills/Releases:**

Inspector Name: LONGWORTH, MIKE

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? <u>Pass</u>	
CM _____	CA _____ CA Date _____
Unused or unneeded equipment onsite? <u>Pass</u>	
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	
<u>Cropland</u>	

Inspector Name: LONGWORTH, MIKE

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
		Ditches	Pass			
Compaction	Pass					
Seeding	Pass					
		Compaction	Pass			
Gravel	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT