

**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:

08/16/2016

Document Number:

666802487

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	300762	335209	Murray, Richard	<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
, Inspections		COGCCInspectionReports@terraep.com	Field Inspections

Compliance Summary:QtrQtr: SENW Sec: 21 Twp: 6S Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/20/2014	666800084	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291978	WELL	PR	10/01/2012	GW	045-14577	JOLLEY 21-3D	PR	<input checked="" type="checkbox"/>
291981	WELL	PR	09/10/2008	GW	045-14574	JOLLEY 21-2D	PR	<input checked="" type="checkbox"/>
299931	WELL	AL	11/04/2013	GW	045-17797	Jolley KP 522-21	AL	<input checked="" type="checkbox"/>
300760	WELL	PR	07/19/2011	GW	045-17996	Jolley KP 322-21	PR	<input checked="" type="checkbox"/>
300761	WELL	PR	07/03/2013	GW	045-17997	JOLLEY KP 522-21	PR	<input checked="" type="checkbox"/>
300762	WELL	PR	09/06/2011	GW	045-17998	Jolley KP 32-21	PR	<input checked="" type="checkbox"/>
300763	WELL	PR	11/01/2011	GW	045-17999	Jolley KP 332-21	PR	<input checked="" type="checkbox"/>
300764	WELL	PR	06/30/2011	GW	045-18000	Jolley KP 432-21	PR	<input checked="" type="checkbox"/>
300765	WELL	PR	01/17/2012	GW	045-18001	Jolley KP 532-21	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Murray, Richard

Special Purpose Pits: <u>1</u>	Drilling Pits: <u> </u>	Wells: <u>8</u>	Production Pits: <u> </u>
Condensate Tanks: <u>2</u>	Water Tanks: <u>3</u>	Separators: <u>8</u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1825-001		
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date:

Comment:

Corrective Action:

Spills:

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

Equipment:

Type: Horizontal Heated Separator	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical units at wellhead		
Corrective Action			Date:
Type: Compressor	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 8	Satisfactory/Action Required:	SATISFACTORY

Inspector Name: Murray, Richard

Comment	
Corrective Action	Date:

Tanks and Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.515171,-107.561027

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			

Tanks and Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Centralized battery
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

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

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

Predrill

Location ID: 300762

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	06/21/2010

S/AR: SATISFACTORY**Comment:** No visual sign of cuttings**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: 291978 Type: WELL API Number: 045-14577 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 291981 Type: WELL API Number: 045-14574 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 299931 Type: WELL API Number: 045-17797 Status: AL Insp. Status: AL

Workover

Comment: API listed twice

Facility ID: 300760 Type: WELL API Number: 045-17996 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300761 Type: WELL API Number: 045-17997 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300762 Type: WELL API Number: 045-17998 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300763 Type: WELL API Number: 045-17999 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300764 Type: WELL API Number: 045-18000 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300765 Type: WELL API Number: 045-18001 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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): N

Comment:

Pilot: Wildlife Protection Devices (fired vessels): YES

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

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

Land Use: RANGELAND

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? _____

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: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Inspector Name: Murray, Richard

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
		Culverts	Pass			
Waddles	Pass					
Gravel	Pass					
		Gravel	Pass			
		Ditches	Pass			
Seeding	Pass					

S/A/V: SATISFACTORY

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT