

**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:

08/17/2016

Document Number:

674703048

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335148	335148	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: NESE Sec: 35 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)
01/13/2016	674702283			SATISFACTORY			No
05/01/2015	674701357			SATISFACTORY			No
02/06/2014	663902764			SATISFACTORY	Fail		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211070	WELL	PR	01/08/2001	GW	045-06828	FEDERAL 1-M-35	PR	<input checked="" type="checkbox"/>
257535	WELL	PR	06/20/2000	GW	045-07570	FEDFERAL GM 42-35	PR	<input checked="" type="checkbox"/>
260369	WELL	PR	06/13/2001	GW	045-07851	FEDERAL GM 33-35	PR	<input checked="" type="checkbox"/>
260424	WELL	PR	12/29/2010	GW	045-07855	FEDERAL GM 43-35	PR	<input checked="" type="checkbox"/>
281957	WELL	PR	09/14/2006	GW	045-11598	FEDERAL GM 333-35	PR	<input checked="" type="checkbox"/>
281958	WELL	PR	09/14/2006	GW	045-11599	FEDERAL GM 332-35	PR	<input checked="" type="checkbox"/>
281960	WELL	PR	09/14/2006	GW	045-11600	FEDERAL GM 433-35	PR	<input checked="" type="checkbox"/>
281961	WELL	PR	09/14/2006	GW	045-11601	FEDERAL GM 543-35	PR	<input checked="" type="checkbox"/>
281963	WELL	PR	09/14/2006	GW	045-11602	FEDERAL GM 343-35	PR	<input checked="" type="checkbox"/>

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281966	WELL	PR	09/14/2006	GW	045-11603	FEDERAL GM 443-35	PR	<input checked="" type="checkbox"/>
281970	WELL	PR	09/14/2006	GW	045-11604	FEDERAL GM 442-35	PR	<input checked="" type="checkbox"/>
281971	WELL	PR	09/14/2006	GW	045-11605	FEDERAL GM 331-35	PR	<input checked="" type="checkbox"/>
282006	WELL	PR	09/14/2006	GW	045-11612	FEDERAL GM 341-35	PR	<input checked="" type="checkbox"/>
282010	WELL	PR	09/14/2006	GW	045-11611	FEDERAL GM 342-35	PR	<input checked="" type="checkbox"/>
282011	WELL	PR	05/31/2007	GW	045-11610	FEDERAL GM 22-35	PR	<input checked="" type="checkbox"/>
282012	WELL	PR	09/14/2006	GW	045-11609	FEDERAL GM 432-35	PR	<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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	New labels have blank volume.		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 970-285-9377

Corrective Action: _____

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: Horizontal Heated Separator	# 16	Satisfactory/Action Required: SATISFACTORY
Comment		

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Corrective Action		Date:
Type: Bird Protectors	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Plunger Lift	# 16	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Tanks and Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1383-002	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content) _____	
Other (Capacity) 210 bbls	
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
CONDENSATE	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1383-001	
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				

Venting:

Yes/No	YES
Comment	Bradens are open to vent.

Flaring:

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

Predrill

Location ID: 335148

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: 211070 Type: WELL API Number: 045-06828 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 257535 Type: WELL API Number: 045-07570 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

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Facility ID:	260369	Type:	WELL	API Number:	045-07851	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	260424	Type:	WELL	API Number:	045-07855	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281957	Type:	WELL	API Number:	045-11598	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281958	Type:	WELL	API Number:	045-11599	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281960	Type:	WELL	API Number:	045-11600	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281961	Type:	WELL	API Number:	045-11601	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281963	Type:	WELL	API Number:	045-11602	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281966	Type:	WELL	API Number:	045-11603	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281970	Type:	WELL	API Number:	045-11604	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281971	Type:	WELL	API Number:	045-11605	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	282006	Type:	WELL	API Number:	045-11612	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	282010	Type:	WELL	API Number:	045-11611	Status:	PR	Insp. Status:	PR

Producing WellComment: **Producing well**

Facility ID: 282011 Type: WELL API Number: 045-11610 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 282012 Type: WELL API Number: 045-11609 Status: PR Insp. Status: PR

Producing WellComment: **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:

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? 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 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 _____

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			
		Culverts	Pass			
		Compaction	Pass			

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Seeding	Pass					
Compaction	Pass					
Gravel	Pass					
		Ditches	Pass			
Ditches	Pass					

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674703048	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3931225