

**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:

08/29/2016

Document Number:

674703085

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335414	335414	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>TEP ROCKY MOUNTAIN LLC</u>
Address:	<u>PO BOX 370</u>
City:	<u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>

- 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:	<u>SENE</u>	Sec:	<u>31</u>	Twp:	<u>6S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/16/2015	674702205			SATISFACTORY			No
11/14/2014	674700596			SATISFACTORY			No
06/23/2014	675100116			SATISFACTORY			No
09/13/2013	663902181			SATISFACTORY	Fail		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
257369	WELL	PR	12/01/2010	GW	045-07550	FEDERAL PA 42-31	PR	<input checked="" type="checkbox"/>
292426	WELL	PR	12/25/2008	GW	045-14722	FEDERAL PA 442-31	PR	<input checked="" type="checkbox"/>
293018	WELL	PR	10/18/2007	GW	045-14842	FEDERAL PA 432-31	PR	<input checked="" type="checkbox"/>
293038	WELL	PR	10/19/2007	GW	045-14843	FEDERAL PA 33-31	PR	<input checked="" type="checkbox"/>
293039	WELL	PR	10/19/2007	GW	045-14844	FEDERAL PA 333-31	PR	<input checked="" type="checkbox"/>
293040	WELL	PR	10/19/2007	GW	045-14845	FEDERAL PA 433-31	PR	<input checked="" type="checkbox"/>
293041	WELL	PR	09/30/2008	GW	045-14846	FEDERAL PA 533-31	PR	<input checked="" type="checkbox"/>
293042	WELL	PR	10/19/2007	GW	045-14847	FEDERAL PA 342-31	PR	<input checked="" type="checkbox"/>

293043	WELL	PR	12/25/2008	GW	045-14848	FEDERAL PA 542-31	PR	<input checked="" type="checkbox"/>
293046	WELL	PR	11/01/2008	GW	045-14849	FEDERAL PA 343-31	PR	<input checked="" type="checkbox"/>
293049	WELL	PR	11/07/2008	GW	045-14850	FEDERAL PA 443-31	PR	<input checked="" type="checkbox"/>
293051	WELL	PR	12/25/2008	GW	045-14851	FEDERAL PA 543-31	PR	<input checked="" type="checkbox"/>
293054	WELL	PR	11/07/2008	GW	045-14852	FEDERAL PA 332-31	PR	<input checked="" type="checkbox"/>
293055	WELL	PR	12/25/2008	GW	045-14853	FEDERAL PA 32-31	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 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
Access	SATISFACTORY	Some rutting on road. Continue routine maintenance.		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 970-285-9377

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

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

Equipment:			
Type: Bird Protectors	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 15	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	80 bbl
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	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	Air id 045-2231-001
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: 335414

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: 257369 Type: WELL API Number: 045-07550 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292426	Type: WELL	API Number: 045-14722	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293018	Type: WELL	API Number: 045-14842	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293038	Type: WELL	API Number: 045-14843	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293039	Type: WELL	API Number: 045-14844	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293040	Type: WELL	API Number: 045-14845	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293041	Type: WELL	API Number: 045-14846	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293042	Type: WELL	API Number: 045-14847	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293043	Type: WELL	API Number: 045-14848	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293046	Type: WELL	API Number: 045-14849	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293049	Type: WELL	API Number: 045-14850	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293051	Type: WELL	API Number: 045-14851	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 293054	Type: WELL	API Number: 045-14852	Status: PR	Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293055 Type: WELL API Number: 045-14853 Status: PR Insp. Status: PR

Producing Well

Comment: 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? 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 REVEGETATION

Cropland

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
		Compaction	Pass			
		Gravel	Pass			
Ditches	Pass					
		Culverts	Pass			
Compaction	Pass					
Gravel	Pass					
		Ditches	Pass			

Inspector Name: LONGWORTH, MIKE

Berms	Pass					
Seeding	Pass					

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT