

**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:

09/13/2016

Document Number:

666802558

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	277160	335777	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: SENE Sec: 17 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/30/2007	200114023	PR	PR	SATISFACTORY	In Process	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263034	WELL	PR	01/28/2003	GW	045-08093	FEDERAL RWF 32-17	PR	<input checked="" type="checkbox"/>
263035	WELL	PR	02/10/2003	GW	045-08094	FEDERAL RMV 53-17	PR	<input checked="" type="checkbox"/>
263036	WELL	PR	02/19/2003	GW	045-08095	FEDERAL RWF 42-17	PR	<input checked="" type="checkbox"/>
271667	WELL	PR	08/14/2004	GW	045-09931	FEDERAL RMF 432-17	PR	<input checked="" type="checkbox"/>
271669	WELL	PR	04/01/2012	OW	045-09929	FEDERAL RWF 342-17	PR	<input checked="" type="checkbox"/>
271672	WELL	PR	04/01/2012	OW	045-09926	FEDERAL RWF 332-17	PR	<input checked="" type="checkbox"/>
277159	WELL	PR	09/11/2012	GW	045-10624	FEDERAL RWF 542-17	PR	<input checked="" type="checkbox"/>
277160	WELL	PR	08/29/2005	GW	045-10623	FEDERAL RWF 442-17	PR	<input checked="" type="checkbox"/>
277161	WELL	PR	11/01/2010	GW	045-10622	FEDERAL RWF 341-17	PR	<input checked="" type="checkbox"/>
295158	WELL	PR	01/11/2010	GW	045-15676	FEDERAL RWF 541-17	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

295159	WELL	PR	01/11/2010	GW	045-15677	FEDERAL RWF 441-17	PR	<input checked="" type="checkbox"/>
295160	WELL	PR	12/02/2008	GW	045-15678	FEDERAL RWF 431-17	PR	<input checked="" type="checkbox"/>
295161	WELL	PR	01/11/2010	GW	045-15679	FEDERAL RWF 31-17	PR	<input checked="" type="checkbox"/>
295162	WELL	PR	01/11/2010	GW	045-15680	FEDERAL RWF 331-17	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
BATTERY	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	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical unit at wellhead		
Corrective Action			Date:
Type: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Tanks and Berms:☐ New Tank

Tank ID: _____

Inspector Name: Murray, Richard

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	STEEL AST	39.526202,-107.904317	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
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: 277160

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: 263034 Type: WELL API Number: 045-08093 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 263035 Type: WELL API Number: 045-08094 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 263036 Type: WELL API Number: 045-08095 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 271667 Type: WELL API Number: 045-09931 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**Facility ID: 271669 Type: WELL API Number: 045-09929 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 271672 Type: WELL API Number: 045-09926 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 277159 Type: WELL API Number: 045-10624 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 277160 Type: WELL API Number: 045-10623 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 277161 Type: WELL API Number: 045-10622 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 295158 Type: WELL API Number: 045-15676 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 295159 Type: WELL API Number: 045-15677 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 295160 Type: WELL API Number: 045-15678 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 295161 Type: WELL API Number: 045-15679 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 295162 Type: WELL API Number: 045-15680 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift****Environmental****Spills/Releases:**

Inspector Name: Murray, Richard

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): 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: _____	
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	
<u>Cropland</u>	

Inspector Name: Murray, Richard

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					
Check Dams	Pass					
Berms	Pass					
		Ditches	Pass			
		Culverts	Pass			
Sediment Traps	Pass					
Slope Roughening	Pass					
		Gravel	Pass			

S/A/V: SATISFACTORY _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT