

**FORM
INSP**

Rev
X/15

**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:
12/22/2016
Submitted Date:
12/22/2016
Document Number:
674703489

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: LONGWORTH, MIKE On-Site Inspection
335415 _____ 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

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

Findings:

5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Inspection, Terra TEP	970-263-2716	COGCCInspectionReports@terraep.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
275785	WELL	PR	08/29/2005	GW	045-10385	PA 24-27	PR
275786	WELL	PR	08/29/2005	GW	045-10386	PA 324-27	PR
275787	WELL	PR	08/29/2005	OW	045-10387	PA 424-27	PR

General Comment:

(This area is currently blank for general comments.)

Location

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	970-285-9377		
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:			
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Plunger Lift	# 3		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 3		

Comment:		Date:	
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 3		
Comment:		Date:	
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Chemical container at wells	Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST		,
Comment:					Date:
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				Date:
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST		,
Comment:					Date:
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	80 bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				Date:
Corrective Action:				Date:

Venting:

Yes/No	NO		
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Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities			
Facility ID: <u>275785</u>	Type: <u>WELL</u>	API Number: <u>045-10385</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment:	<u>Producing well</u>		
Corrective Action:		Date:	
Facility ID: <u>275786</u>	Type: <u>WELL</u>	API Number: <u>045-10386</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment:	<u>Producing well</u>		
Corrective Action:		Date:	
Facility ID: <u>275787</u>	Type: <u>WELL</u>	API Number: <u>045-10387</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment:	<u>Producing well</u>		
Corrective Action:		Date:	

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass					
				Material Handling And Spill Prevention	Pass	
Compaction	Pass					
		Culverts	Pass			
		Ditches	Pass			
Seeding	Pass					
		Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT