

**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:
01/12/2017
Submitted Date:
01/12/2017
Document Number:
674703527

FIELD INSPECTION FORM

Loc ID 324127 Inspector Name: LONGWORTH, MIKE On-Site Inspection 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 |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 258215 | WELL | PR | 10/12/2000 | GW | 045-07626 | UNOCAL GM 24-28 | PR |

General Comment:

(This area is intentionally left blank for general comments.)

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|----------|-------|--|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--------------|-------|--|
| Comment: | 970-285-9377 | Date: | |
| Corrective Action: | | | |

Good Housekeeping:

| | | | |
|--------------------|--|-------|--|
| Type | UNUSED EQUIPMENT | | |
| Comment: | Tubing not found from previous inspection. | | |
| Corrective Action: | | Date: | |
| Type | WEEDS | | |
| Comment: | Weeds cleared out from well. | | |
| Corrective Action: | | Date: | |

Overall Good:

Spills:

| Type | Area | Volume | |
|------|------|--------|--|
| | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|----------|-------|--|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|--------------------|-----|-------|-----------------|
| Type: Plunger Lift | # 1 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|--------------------------------------|----------|------|---------|--------|
| | | | | | |
| Comment: | Shared facilities with GM 323-28 Pad | | | | |
| Corrective Action: | | | | Date: | |

Paint

| | |
|------------------|--|
| Condition | |
| Other (Content) | |
| Other (Capacity) | |

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Other (Type) _____ | | | | |
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |
| Venting: | | | | |
| Yes/No | NO | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |
| Flaring: | | | | |
| Type | | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |

Inspected Facilities

Facility ID: 258215 Type: WELL API Number: 045-07626 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing well](#)

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding | Pass | | | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT