

**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:

01/25/2017

Submitted Date:

01/25/2017

Document Number:

674703565**FIELD INSPECTION FORM**
 Loc ID 335072 Inspector Name: LONGWORTH, MIKE On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635**Status Summary:**

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

Findings:6 Number of Comments0 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 |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|
| 16 | WELL | PR | 05/16/2006 | GW | 045-11668 | PUCKETT/TOSCO PA 621-35 | PR |
| 17 | WELL | PR | 05/27/2006 | GW | 045-11669 | PUCKETT/TOSCO PA 421-35 | PR |
| 18 | WELL | PR | 05/29/2006 | GW | 045-11670 | PUCKETT/TOSCO PA 521-35 | PR |
| 264437 | WELL | PR | 09/29/2003 | GW | 045-08218 | PUCKETT PA 21-35 | PR |

General Comment:

LocationOverall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| 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?

| | | | |
|-----------------------------------|-----------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Plunger Lift | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Chemical container at wells | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|----------|---|----------|------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
|----------|---|----------|------|---------|--------|

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--------|--|
| CONDENSATE | 1 | 300 BBLs | STEEL AST | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Paint</u> | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| <u>Berms</u> | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 1 | <100 BBLs | STEEL AST | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Paint</u> | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | 80 bbls | | | | |
| Other (Type) | | | | | | |
| <u>Berms</u> | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Venting:</u> | | | | | | |
| Yes/No | NO | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| <u>Flaring:</u> | | | | | | |
| Type | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

| Inspected Facilities | | | | | | | | | |
|-----------------------|----------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 16 | Type: | WELL | API Number: | 045-11668 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 17 | Type: | WELL | API Number: | 045-11669 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 18 | Type: | WELL | API Number: | 045-11670 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 264437 | Type: | WELL | API Number: | 045-08218 | 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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| | | | | Material Handling And Spill Prevention | Pass | |
| | | Culverts | Pass | | | |
| | | Gravel | Pass | | | |
| Ditches | Pass | | | | | |
| Gravel | Pass | | | | | |
| | | Ditches | Pass | | | |
| Seeding | Pass | | | | | |
| Compaction | Pass | | | | | |
| Berms | Pass | | | | | |

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT