

**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:

02/02/2017

Submitted Date:

02/02/2017

Document Number:

680401131**FIELD INSPECTION FORM**
 Loc ID 316491 Inspector Name: BROWNING, CHUCK 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:**4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
, "		COGCCInspectionReports@terraep.com	<a href="#">All Inspections</a>
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	<a href="#">Field Inspector</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
280968	WELL	IJ	04/11/2013	DSPW	103-10644	Federal 299-27-6	SI

**General Comment:**[UIC-MIT. Verification of repairs.](#)

**Location****Lease Road:**

Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 280968 Type: WELL API Number: 103-10644 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WMFK  
 TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 01/17/2017  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1240 BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: UIC-MIT. Verification of repairs. Set casing patch.  
Pressured well to 1240 psi. Hold for 15 min. Final pressure 1235 psi. -5 psi loss, OK  
Test witnessed using gauges on wellhead.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_