

**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:

02/15/2017

Submitted Date:

02/15/2017

Document Number:

680401138**FIELD INSPECTION FORM**
 Loc ID 413524 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:**9 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
412197	WELL	PR	08/20/2010	GW	045-18440	Specialty Restaurants SG 433-32	PR
412198	WELL	PR	02/16/2011	GW	045-18441	SPECIALITY RESTAURANTS SG 44-32	PR
412199	WELL	PR	08/11/2015	GW	045-18442	Speciality Restaurants SG 334-32	AC

**General Comment:**[Routine UIC inspection.](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action		Date:	
Type	Main		
comment:			
Corrective Action		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Hogwire & T-post		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Hogwire & T-post		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Hogwire & T-post		
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

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**Inspected Facilities**Facility ID: 412197 Type: WELL API Number: 045-18440 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 412198 Type: WELL API Number: 045-18441 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 412199 Type: WELL API Number: 045-18442 Status: PR Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC RoutineInj./Tube: Pressure or inches of Hg 1193  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_

MPP \_\_\_\_\_

Inj Zone: CCRCWTC: Pressure or inches of Hg 103

Previous Test Pressure \_\_\_\_\_

Last MIT: 08/05/2015Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_

AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection.

Corrective Action:

Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT