

FORM
INSPRev
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: _____

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:

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

Contact Information:

Contact Name	Phone	Email	Comment
, "		COGCCInspectionReports@terraep.com	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

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

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

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

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
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:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities			
Facility ID: <u>412197</u>	Type: <u>WELL</u>	API Number: <u>045-18440</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger Lift</u>			
Corrective Action:		Date:	
Facility ID: <u>412198</u>	Type: <u>WELL</u>	API Number: <u>045-18441</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger Lift</u>			
Corrective Action:		Date:	
Facility ID: <u>412199</u>	Type: <u>WELL</u>	API Number: <u>045-18442</u>	Status: <u>PR</u> Insp. Status: <u>AC</u>
Underground Injection Control			
UIC Violation: _____	Maximum Injection Pressure: _____		
<u>UIC Routine</u>			
Inj./Tube: Pressure or inches of Hg <u>1193</u>	Previous Test Pressure _____	MPP _____	Inj Zone: <u>CCRCW</u>
(e.g. 30 psig or -30" Hg)			Last MIT: <u>08/05/2015</u>
TC: Pressure or inches of Hg <u>103</u>	Previous Test Pressure _____	AnnMTReq: _____	
Brhd: Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____		
Comment: <u>Routine UIC inspection. Active injection at time of inspection.</u>			
Corrective Action:		Date:	
Method of Injection: <u>PUMP FEED</u>			
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