

**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:

02/16/2017

Document Number:

680401145

**FIELD INSPECTION FORM**

Loc ID 334947 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:**

- 10 Number of Comments
- 0 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
256882	WELL	PR	07/18/2000	GW	045-07502	BARRETT GM 24-36	PR
290101	WELL	PR	04/11/2007	GW	045-13981	WILLIAMS GM 225-36	PR
290102	WELL	PR	04/11/2007	GW	045-13980	WILLIAMS GM 424-36	PR
290103	WELL	TA	12/31/2014	DSPW	045-13979	WILLIAMS GM 523-36	TA
290104	WELL	PA	10/29/2015	GW	045-13982	WILLIAMS GM 513-36	PA

**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	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

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

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

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

**Inspected Facilities**

Facility ID: 256882 Type: WELL API Number: 045-07502 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 290101 Type: WELL API Number: 045-13981 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 290102 Type: WELL API Number: 045-13980 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 290103 Type: WELL API Number: 045-13979 Status: TA Insp. Status: TA

**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WMFK  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 10/24/2013  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC Inspection. Well temporarily abandoned. Last MIT 10/24/2013.  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

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

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

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

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

Facility ID: 290104 Type: WELL API Number: 045-13982 Status: PA Insp. Status: PA

**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