

**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:

02/17/2017

Submitted Date:

02/20/2017

Document Number:

680401151

FIELD INSPECTION FORM

Loc ID 335232 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:

- 8 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210825	WELL	IJ	01/02/2015	DSPW	045-06583	Federal DOE 1-W-26	SI
271981	WELL	PR	05/16/2006	GW	045-09991	FEDERAL PA 22-26	PR
271982	WELL	PR	05/09/2006	GW	045-09992	FEDERAL PA 21-26	PR
277298	WELL	PR	05/27/2006	GW	045-10662	FEDERAL PA 322-26	PR

General Comment:

[Routine UIC Inspection.](#)

Location

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

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:

Corrective Action: 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:

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

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

--	--	--	--

Inspected Facilities

Facility ID: 210825 Type: WELL API Number: 045-06583 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 07/15/2014

Brhd: Pressure or inches of Hg 4 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No 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: _____

Facility ID: 271981 Type: WELL API Number: 045-09991 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 271982 Type: WELL API Number: 045-09992 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 277298 Type: WELL API Number: 045-10662 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

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	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT