

**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:

03/14/2017

Submitted Date:

03/14/2017

Document Number:

674703733

FIELD INSPECTION FORM

Loc ID 335472 Inspector Name: LONGWORTH, MIKE 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:

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

Contact Information:

Contact Name	Phone	Email	Comment
Inspection, Terra TEP	970-263-2716	COGCCInspectionReports@terraep.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259118	WELL	PR	01/29/2001	GW	045-07686	UNOCAL GM 214-33	PR
298945	WELL	PR	03/01/2012	OW	045-17483	Williams GM 421-33	PR
298946	WELL	PR	03/01/2012	GW	045-17484	Williams GM 412-33	PR
298947	WELL	PR	03/01/2012	GW	045-17485	Williams GM 312-33	PR
298948	WELL	PR	03/01/2012	GW	045-17486	Williams GM 521-33	PR

General Comment:

Location

Overall Good:

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

Emergency Contact Number:			
Comment:	970-285-9377		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	SEPARATOR		
Comment:			
Corrective Action:			Date:
Type	TANK BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Chemical container at wells		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 5		

Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 5		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST		
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	80 bbls	
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				
				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		
		Date:

Flaring:

Type	
Comment:	
Corrective Action:	
	Date:

Inspected Facilities									
Facility ID:	<u>259118</u>	Type:	<u>WELL</u>	API Number:	<u>045-07686</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment:	<u>Producing well</u>								
Corrective Action:								Date:	
Facility ID:	<u>298945</u>	Type:	<u>WELL</u>	API Number:	<u>045-17483</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment:	<u>Producing well</u>								
Corrective Action:								Date:	
Facility ID:	<u>298946</u>	Type:	<u>WELL</u>	API Number:	<u>045-17484</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment:	<u>Producing well</u>								
Corrective Action:								Date:	
Facility ID:	<u>298947</u>	Type:	<u>WELL</u>	API Number:	<u>045-17485</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment:	<u>Producing well</u>								
Corrective Action:								Date:	
Facility ID:	<u>298948</u>	Type:	<u>WELL</u>	API Number:	<u>045-17486</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment:	<u>Producing well</u>								
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
		Ditches	Pass			
Gravel	Pass					
Compaction	Pass					
Check Dams	Pass					
Ditches	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	420278	2522247	