

**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:

03/23/2017

Submitted Date:

03/24/2017

Document Number:

680401264

FIELD INSPECTION FORM

Loc ID 316443 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
274578	WELL	IJ	04/04/2013	DSPW	103-10538	Federal 299-26-2	AC

General Comment:

[Routine UIC Inspection.](#)

Location

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

Overall Good:

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:	Hog wire & T-post		
Corrective Action:			Date:

Equipment:			corrective date
Type: Gas Meter Run	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	0				,	
Comment:	Tank removed					
Corrective Action:						Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	0				,	
Comment: Tank removed						
Corrective Action:				Date:		

<u>Paint</u>						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						

<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment:						
Corrective Action:				Date:		

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

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

Inspected Facilities

Facility ID: 274578 Type: WELL API Number: 103-10538 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>1213</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>WFCM</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>02/08/2013</u>
Brhd:	Pressure or inches of Hg <u>2</u>	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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT