

**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:

680401265

**FIELD INSPECTION FORM**

Loc ID 316420 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
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
273733	WELL	IJ	02/11/2015	DSPW	103-10488	FEDERAL 299-23-1	SI

**General Comment:**

Routine UIC inspection.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective ActionL			Date:
Type	Main		
comment:			
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:

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

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

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

<b>Equipment:</b>			corrective date
Type: Plunger Lift	#		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Gas Meter Run	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:

<b>Tanks and Berms:</b>					
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	0				,

Comment:	Tank removed	Date:	
Corrective Action:		Date:	

**Paint**

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				Date:
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	0				

Comment:	Tank removed	Date:	
Corrective Action:		Date:	

**Paint**

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				Date:
Corrective Action:				Date:

**Venting:**

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

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 273733 Type: WELL API Number: 103-10488 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 8 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: MVRD  
TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 01/09/2015  
Brhd: Pressure or inches of Hg 0 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: \_\_\_\_\_

**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	Self Inspection	Pass	

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT