

**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:

03/27/2017

Submitted Date:

03/28/2017

Document Number:

674703779

FIELD INSPECTION FORM

Loc ID 335603 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:

- 1 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 |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 421318 | WELL | XX | 01/17/2017 | LO | 045-20356 | Chevron TR 442-21-597 | DG |

General Comment:

(This area is intentionally left blank for general comments.)

Location

Lease Road:

Type Access

comment:

Corrective ActionL

Date:

Overall Good:

Signs/Marker:

Type DRILLING/RECOMP

Comment:

Corrective Action:

Date:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type STORAGE OF SUPL

Comment:

Corrective Action:

Date:

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 421318 Type: WELL API Number: 045-20356 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: H&P273 Pusher/Rig Manager: Matt
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment: _____

Corrective Action: _____ Date: _____

Cement

Cement Contractor

Contractor Name: Halliburton Contractor Phone: _____

Surface Casing

Cement Volume (sx): 500 sks Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: YES

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment: Top out with 500 sks wait 4 hours and top out again.

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| | | | | Covering Materials | Pass | |
| | | | | Material Handling And Spill Prevention | Pass | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT