

**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: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**1 Number of Comments0 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:**

**Location****Lease Road:**

Type	Access		
comment:			
Corrective Action	L	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		
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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