

**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:

05/12/2017

Submitted Date:

05/12/2017

Document Number:

680401492

**FIELD INSPECTION FORM**

Loc ID 335334 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
,		COGCCInspectionReports@terraep.com	<a href="#">All Inspections</a>
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	<a href="#">Field Inspector</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
256099	WELL	PR	09/20/1999	GW	045-07429	CLOUGH RMV 220-21	PR
276466	WELL	PR	09/26/2005	GW	045-10468	CLOUGH RWF 534-21	PR
276467	WELL	SI	02/01/2017	DSPW	045-10469	Clough RWF 434-21	SI

**General Comment:**

[UIC-5 yr MIT.](#)

**Location**

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

Overall Good:

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

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	SEPARATOR		
Comment:	Hogwire		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Hogwire		
Corrective Action:			Date:
Type	TANK BATTERY		
Comment:	Hogwire		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		39.506437,-107.893888
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	STEEL AST		39.506437,-107.893888
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	YES
Comment:	Bradenhead valves open
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities			
Facility ID: <u>256099</u>	Type: <u>WELL</u>	API Number: <u>045-07429</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>			
Corrective Action:		Date:	
Facility ID: <u>276466</u>	Type: <u>WELL</u>	API Number: <u>045-10468</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>			
Corrective Action:		Date:	
Facility ID: <u>276467</u>	Type: <u>WELL</u>	API Number: <u>045-10469</u>	Status: <u>SI</u> Insp. Status: <u>SI</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
			Inj Zone: <u>WFCM</u>
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/07/2012</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: _____
Comment:	_____		
Corrective Action:	_____		Date: _____
Method of Injection: _____			
Test Type:	<u>5 Year</u>	Tbg psi: <u>1894</u>	Csg psi: <u>2125</u> BH psi: <u>0</u>
Insp. Status:	<u>Pass</u>		
Comment:	<u>UIC-5 yr MIT. Pressure well to 2125 psi. Hold for 15 min. Final pressure 2100 psi. -25 psi loss. OK</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
Gravel	Pass	Ditches	Pass			
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT