

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401356063

Date Received:

07/27/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Michael Gardner

Phone

970-623-4875

Email

mgardner@terraep.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 674703958

Inspection Date: 05/23/2017

FIR Submit Date: 05/26/2017

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: TEP ROCKY MOUNTAIN LLC

Company Number: 96850

Address: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

LOCATION - Location ID: 334652

Location Name: KNIGHT-67S95W Number: 5SENE County: \_\_\_\_\_

Qtrqr: SENE Sec: 5 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.468502 Longitude: -108.015422

FACILITY - API Number: 05-045- -00 Facility ID: 334652

Facility Name: KNIGHT-67S95W Number: 5SENE

Qtrqr: SENE Sec: 5 Twp: 7S Range: 95W Meridian: 6

Latitude: 39.468502 Longitude: -108.015422

CORRECTIVE ACTIONS:

1 CA# 78014

Corrective Action: Contact the Engineering Integrity section to discuss flowline abandonment requirements per Rule 1103. Along with the rule, the COGCC Operator Guidance, Rules 1101, 1102, and 1103: Flowline Guidance 1101 and 1102 guidance document can provide further details. Contact [dnr\\_cogccengineering@state.co.us](mailto:dnr_cogccengineering@state.co.us) with resolution plan.

Date: 06/05/2017

Response: CA COMPLETED

Date of Completion: 06/05/2017

Operator  
Comment:

All corrective actions were completed as requested. 22 - 2" risers were abandoned per COGCC rules.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: All corrective actions were completed as requested.

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Michael

Signed: \_\_\_\_\_

Title: Gardner

Date: 7/27/2017 10:45:35 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<b><u>Document Number</u></b>	<b><u>Description</u></b>
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Total Attach: 0 Files