

**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:
01/23/2018

Submitted Date:
01/23/2018

Document Number:
680402403

FIELD INSPECTION FORM

Loc ID 316443 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:

5 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 |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 274578 | WELL | SI | 08/01/2017 | DSPW | 103-10538 | Federal 299-26-2 | AC |

General Comment:

UIC-5 yr MIT.

Location

| | | | |
|--------------------|--------|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | | Date: |

Overall Good:

| | | | |
|----------------------|----------|--|-------|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Emergency Contact Number:

| | | | |
|--------------------|--|--|-------------|
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | <input style="width: 95%;" type="text"/> | | Date: _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|-------------|--|-------|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Panel fence | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|----|--|-------|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|--|--|-------|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Inspected Facilities

Facility ID: 274578 Type: WELL API Number: 103-10538 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Inj Zone: <u>WFCM</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>02/08/2013</u> |
| | | | AnnMTReq: _____ |

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 1184 Csg psi: 1500 BH psi: 0

Insp. Status: _____

Comment: UIC-5 yr MIT.
Pressure well to 1500 psi. Hold for 15 min. Final pressure 1500 psi. -0 psi loss. OK
Test witnessed by COGCC using chart on truck.

Corrective Action: Date: _____