

**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:

05/08/2018

Submitted Date:

05/08/2018

Document Number:

680402759

**FIELD INSPECTION FORM**

Loc ID 335413 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
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
,		COGCCInspectionReports@terraep.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
256477	WELL	SI	02/01/2017	DSPW	045-07465	Clough RMV 215-21	SI
275868	WELL	SI	09/11/2014	DSPW	045-10389	Clough RWF 623-21	SI

**General Comment:**

UIC-5 yr MIT.

Location			
<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Plunger Lift	# 1		corrective date
Comment:			
Corrective Action:			Date:
<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**

Facility ID: 256477 Type: WELL API Number: 045-07465 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: Last MIT 3/11/2015.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 275868 Type: WELL API Number: 045-10389 Status: SI Insp. Status: SI

**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 _____
			Inj Zone: <u>WMFK</u>
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/02/2013</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: _____

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 483 Csg psi: 1730 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.  
Pressure well to 1730 psi. Hold for 15 min. Final pressure 1720 psi. -10 psi loss. OK  
Test witnessed by COGCC using gauge on wellhead.

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	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT