

**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:

05/09/2018

Document Number:

680402762

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:

- 9 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
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	09/01/2017	DSPW	045-10469	Clough RWF 434-21	AC

General Comment:

[Routine UIC inspection.](#)

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:
	Type	TANK LABELS/PLACARDS	
	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:	Hogwire	
	Corrective Action:		Date:
	Type	TANK BATTERY	
	Comment:	Hogwire	
	Corrective Action:		Date:
	Type	SEPARATOR	
	Comment:	Hogwire	
	Corrective Action:		Date:

Equipment:			corrective date
Type: Horizontal Heated Separator	# 2		
	Comment:		
	Corrective Action:		Date:

Type: Plunger Lift	# 2	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	200 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	NO	
Comment:		
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>AC</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube:	Pressure or inches of Hg <u>1920</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
			Inj Zone: <u>WMFK</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>05/12/2017</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____
Comment:	<u>Routine UIC inspection. Active injection at time of inspection</u>		
Corrective Action:		Date:	
Method of Injection: <u>PUMP FEED</u>			
Test Type: _____	Tbg psi: _____	Csg psi: _____	BH psi: _____
Insp. Status: _____			
Comment:			
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

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680402763	Inpsection photos 5/8/2018	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4457729