| 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

FIELD INSPECTION FORM | DNR CO TM | Inspection Date:
10/01/2018

Submitted Date:
10/01/2018

Document Number:
680403819 |

Loc ID **335145**	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:

4   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	
, "		COGCCInspectionReports@terraep.com	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292352	WELL	SI	05/01/2018	DSPW	045-14693	Williams GM 239-36	SI

General Comment:

UIC-5 yr MIT.

Inspected Facilities

Facility ID:	292352	Type:	WELL	API Number:	045-14693	Status:	SI	Insp. Status:	SI

Underground Injection Control

UIC Violation: _____   Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____   Previous Test Pressure _____   MPP _____

(e.g. 30 psig or -30" Hg)   Inj Zone: MVRD

TC: Pressure or inches of Hg _____   Previous Test Pressure _____   Last MIT: 10/24/2013

Brhd: Pressure or inches of Hg _____   Previous Test Pressure _____   AnnMTReq: _____

Comment: _____

Corrective Action: _____   Date: _____

Method of Injection: _____

Test Type: 5 Year _____   Tbg psi: 350   Csg psi: 1400   BH psi: _____

Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 1400 psi. Hold for 15 min. Final pressure 1400 psi. -0 psi loss. OK
Test witnessed by COGCC using chart on truck.

Corrective Action: _____   Date: