

**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:

01/16/2019

Submitted Date:

01/16/2019

Document Number:

680404121

FIELD INSPECTION FORM

Loc ID 413524 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:

10 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
, "		COGCCInspectionReports@terraep.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	
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
412197	WELL	PR	08/20/2010	GW	045-18440	Specialty Restaurants SG 433-32	PR
412198	WELL	PR	02/16/2011	GW	045-18441	SPECIALITY RESTAURANTS SG 44-32	PR
412199	WELL	PR	10/04/2018	GW	045-18442	Speciality Restaurants SG 334-32	SI

General Comment:

[Routine UIC inspection.](#)

Location			
Lease Road:			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	TANK BATTERY		
Comment:	Hogwire & T-post		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Hogwire & T-post		
Corrective Action:			Date:
Type	SEPARATOR		
Comment:	Hogwire & T-post		
Corrective Action:			Date:
Equipment:			
Type:	Horizontal Heated Separator	# 2	corrective date
Comment:			
Corrective Action:			Date:

Type: Ancillary equipment	# 1	
Comment:	Line heater	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	200 BBLs	STEEL AST		39.389848,-108.130531
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	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>412197</u>	Type: <u>WELL</u>	API Number: <u>045-18440</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>			
Corrective Action: <input type="text"/>			Date: <input type="text"/>
Facility ID: <u>412198</u>	Type: <u>WELL</u>	API Number: <u>045-18441</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>			
Corrective Action: <input type="text"/>			Date: <input type="text"/>
Facility ID: <u>412199</u>	Type: <u>WELL</u>	API Number: <u>045-18442</u>	Status: <u>PR</u> Insp. Status: <u>SI</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube:	Pressure or inches of Hg <u>650</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
			Inj Zone: <u>CCRCW</u>
TC:	Pressure or inches of Hg <u>76</u>	Previous Test Pressure _____	Last MIT: <u>08/05/2015</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____
Comment: <u>Routine UIC Inspection. Well shut in.</u>			
Corrective Action: <input type="text"/>			Date: _____
Method of Injection: <u>PUMP FEED</u>			
Test Type: _____	Tbg psi: _____	Csg psi: _____	BH psi: _____
Insp. Status: _____			
Comment: <input type="text"/>			
Corrective Action: <input type="text"/>			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
Berms	Pass	Gravel	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
680404126	Inspection photos 1/16/2019	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4706112