

**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:

06/23/2019

Submitted Date:

06/24/2019

Document Number:

689703233

**FIELD INSPECTION FORM**

Loc ID 324304 Inspector Name: LONGWORTH, MIKE 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:**

- 6 Number of Comments
- 1 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 |
|-----------------------|--------------|------------------------------------|---------|
| Inspection, Terra TEP | 970-285-9377 | COGCCInspectionReports@terraep.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|
| 277434      | WELL | PR     | 11/04/2006  | GW         | 045-10701 | CHEVRON TR 13-25-597 | PR          |

**General Comment:**

COGCC Inspection Report Summary  
On Monday 06/24/2019 at approximately 1300 hours, I, Inspector Mike Longworth, conducted a field inspection at Terra TR 13-25-597, at location# 324304 in Garfield County, Colorado.  
During this inspection the following possible compliance issues were observed:  
Secondary containment of chemical container is full of fluids.  
Maintain required BMPs per Rule 1002.f.  
C.A. Date 06/27/2019  
A follow up on this site inspection will be conducted to ensure the compliance issues have been corrected to comply with COGCC rules.

| Location   |   |        |             |
|--|---|--------|-------------|
| <b>Lease Road:</b>                                     |   |        |             |
| Type   | Access                                    |        |             |
| comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Overall Good: <input checked="" type="checkbox"/>      |   |        |             |
| <b>Signs/Marker:</b>                                   |   |        |             |
| Type   | CONTAINERS                                |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Type   | WELLHEAD                                  |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Type   | BATTERY                                   |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Type   | TANK LABELS/PLACARDS                      |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Emergency Contact Number:                              |   |        |             |
| Comment:   | <input type="text" value="970-285-9377"/> |        |             |
| Corrective Action:                                     | <input type="text"/>                      |        | Date: _____ |
| <b>Good Housekeeping:</b>                              |   |        |             |
| Type   | TRASH                                     |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Overall Good: <input checked="" type="checkbox"/>      |   |        |             |
| <b>Spills:</b>   |   |        |             |
| Type   | Area                                      | Volume |             |
| In Containment: No                                     |   |        |             |
| Comment:   | <input type="text"/>                      |        |             |
| <input type="checkbox"/> Multiple Spills and Releases? |   |        |             |
| <b>Fencing/:</b>                                       |   |        |             |
| Type   | SEPARATOR                                 |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |
| Type   | WELLHEAD                                  |        |             |
| Comment:   |   |        |             |
| Corrective Action:                                     |   | Date:  |             |

|                    |              |       |  |
|--------------------|--------------|-------|--|
| Type               | TANK BATTERY |       |  |
| Comment:           |              |       |  |
| Corrective Action: |              | Date: |  |

|                                   |                    |       |                 |
|-----------------------------------|--------------------|-------|-----------------|
| <b>Equipment:</b>                 |                    |       | corrective date |
| Type: Bradenhead                  | # 4                |       |                 |
| Comment:                          |                    |       |                 |
| Corrective Action:                |                    | Date: |                 |
| Type: Dehydrator                  | # 1                |       |                 |
| Comment:                          |                    |       |                 |
| Corrective Action:                |                    | Date: |                 |
| Type: Plunger Lift                | # 1                |       |                 |
| Comment:                          |                    |       |                 |
| Corrective Action:                |                    | Date: |                 |
| Type: Ancillary equipment         | # 1                |       |                 |
| Comment:                          | Chemical container |       |                 |
| Corrective Action:                |                    | Date: |                 |
| Type: Horizontal Heated Separator | # 1                |       |                 |
| Comment:                          |                    |       |                 |
| Corrective Action:                |                    | Date: |                 |

**Tanks and Berms:**

| Contents           | # | Capacity | Type             | Tank ID | SE GPS |
|--------------------|---|----------|------------------|---------|--------|
| CONDENSATE         | 1 | 300 BBLS | HEATED STEEL AST |         | ,      |
| 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:       |

| Contents           | # | Capacity | Type             | Tank ID | SE GPS |
|--------------------|---|----------|------------------|---------|--------|
| PRODUCED WATER     | 1 | 400 BBLS | HEATED STEEL AST |         | ,      |
| Comment:           |   |          |                  |         |        |
| Corrective Action: |   |          |                  |         | Date:  |

Paint

|           |          |  |
|-----------|----------|--|
| Condition | Adequate |  |
|-----------|----------|--|

|                  |  |
|------------------|--|
| Other (Content)  |  |
| Other (Capacity) |  |
| Other (Type)     |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal              | Adequate | Walls Sufficent     | Base Sufficent      | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**

Facility ID: 277434 Type: WELL API Number: 045-10701 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing well](#)

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                             |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|-------------------------------------|
| Ditches          | Pass            |                         |                       |  |                          |                                     |
| Check Dams       | Pass            |                         |                       |  |                          |                                     |
| Gravel           | Pass            |                         |                       |  |                          |                                     |
|                  |                 | Ditches                 | Pass                  |  |                          |                                     |
|                  |                 |                         |                       | Material Handling And Spill Prevention | Fail                     | Seconday containment full of fluids |
| Compaction       | Pass            |                         |                       |  |                          |                                     |
| Berms            | Pass            |                         |                       |  |                          |                                     |
|                  |                 | Compaction              | Pass                  |  |                          |                                     |
|                  |                 | Culverts                | Pass                  |  |                          |                                     |

Comment: Secondary containment of chemical container is full of fluids.

Corrective Action: Maintain required BMPs per Rule 1002.f.

Date: 06/27/2019

**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   |
|--------------|--------------------------------|---|
| 402088172    | INSPECTION SUBMITTED           | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861556">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861556</a> |
| 689703235    | Inspection 689703233 photo log | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861553">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4861553</a> |