

**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:

08/26/2019

Submitted Date:

08/26/2019

Document Number:

679705219**FIELD INSPECTION FORM**

Loc ID 316568 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**6 Number of Comments1 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
Kellerby, Shaun	970-712-1248	shaun.kellerby@state.co.us	
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
286252	WELL	SI	05/01/2019	GW	103-10872	FEDERAL BCU 33-18-198	SI

General Comment:[COGCC Inspection Report Summary.](#)[On 8-26-2019 at approximately 14:30, inspector Rick Moran, conducted a routine inspection at TEP well BCU 33-18-198 in Rio Blanco county.](#)[During this inspection the following compliance issues were observed:](#)[1\) Tank label capacity. Photo 2. Complete by 10-23-2019.](#)[A follow up on this site inspection will be conducted to ensure the compliance issues have been corrected to comply with COGCC rules.](#)[This is a summary of inspection report 679705219.](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Tank labels missing capacity of "300".		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	10/23/2019

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	SEPARATOR		
Comment:			
Corrective Action:		Date:	
Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:

corrective date

Type: Bird Protectors

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Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:		One container of methanol and 1 container of MC MX 6-2719 both with secondary containment.	
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		40.052000,-108.432600
Comment:					
Corrective Action:		Date:			

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate
Comment:				
Corrective Action:		Date:		

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		40.052000,-108.432600
Comment:					
Corrective Action:		Date:			

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate
Comment:				

Corrective Action:		Date:	
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Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

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Inspected Facilities									
Facility ID:	286252	Type:	WELL	API Number:	103-10872	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <div>Last recorded production April 2019.</div>									
Corrective Action: <div></div> 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	Culverts	Pass	Material Handling And Spill Prevention	Pass	

Comment: No apparent significant soil migration, erosion, or soil movement on location.

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
679705220	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4920020