

FORM
INSPRev
X/15State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

02/10/2020

Submitted Date:

02/10/2020

Document Number:

700700107

FIELD INSPECTION FORM

 Loc ID 324097 Inspector Name: Ramsey, Scott On-Site Inspection 2A Doc Num: _____
Operator Information:

OGCC Operator Number: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: PO BOX 370

City: PARACHUTE State: CO Zip: 81635

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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 |
|--------------|--------------|------------------------------------|---------|
| , TEP | 970-285-9377 | COGCCInspectionReports@terraep.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 257064 | WELL | PR | 03/03/2000 | GW | 045-07507 | SAVAGE RMV 180-29 | PR |

General Comment:

COGCC Inspection Report Summary

On Monday 2/10/20 at approximately 9:00 AM, I, Inspector Scott Ramsey, conducted a routine inspection at TEP RMV 180-29, at Location # 324097 in Garfield Colorado.

While there, I observed normal production operations.

This is a summary of inspection report.

| Location | | | |
|--|----------------------|--------|-------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | snow covered | | |
| Corrective Action: | | | Date: |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | 911 | | |
| Corrective Action: | | | Date: _____ |
| Good Housekeeping: | | | |
| Type | DEBRIS | | |
| 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: | hog panel | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | steel split rail | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|-----------|-------|--|
| Type | SEPARATOR | | |
| Comment: | hog panel | | |
| Corrective Action: | | Date: | |

| | | | |
|-----------------------------------|----------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Dehydrator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 2 | | |
| Comment: | chemical tanks | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|-------------|-----------|-----------|---------|--------|
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | | , |
| Comment: | 80 Bbl Tank | | | | |
| 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: 257064 Type: WELL API Number: 045-07507 Status: PR Insp. Status: PR

Producing Well

Comment: producing

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

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 |
|--------------|-------------|---|
| 700700114 | 700700107 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5062908 |