

**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:

02/25/2020

Submitted Date:

02/27/2020

Document Number:

693801432

FIELD INSPECTION FORM

Loc ID 335334 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:

- 11 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Koehler, Bob		bob.koehler@state.co.us	
,		COGCCInspectionReports@terraep.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
256099	WELL	PR	09/20/1999	GW	045-07429	CLOUGH RMV 220-21	PR
276466	WELL	PR	09/26/2005	GW	045-10468	CLOUGH RWF 534-21	PR
276467	WELL	IJ	02/01/2018	DSPW	045-10469	Clough RWF 434-21	SI

General Comment:

Routine UIC inspection. Injection well inspection only.

Location

Lease Road:			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

Signs/Marker:			
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:

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:	Hogwire & T-post	
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:	Hogwire & T-post	
	Corrective Action:		Date:
	Type	TANK BATTERY	
	Comment:	Hogwire & T-post	
	Corrective Action:		Date:

Equipment:			corrective date
Type: Ancillary equipment	# 1		
	Comment:	Line heater	
	Corrective Action:		Date:
Type: Plunger Lift	# 0		
	Comment:		
	Corrective Action:		Date:

Type: Horizontal Heated Separator	# 2	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	200 BBLs	STEEL AST		39.506437,-107.893888
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	STEEL AST		39.506437,-107.893888
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	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>256099</u>	Type: <u>WELL</u>	API Number: <u>045-07429</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>276466</u>	Type: <u>WELL</u>	API Number: <u>045-10468</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>276467</u>	Type: <u>WELL</u>	API Number: <u>045-10469</u>	Status: <u>IJ</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>2200</u>	Previous Test Pressure _____	MPP _____	
(e.g. 30 psig or -30" Hg)		Inj Zone: <u>WMFK</u>	
TC: Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>05/12/2017</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
Gravel	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
693801433	Inspection photos 2/25/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5079327