

**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: _____**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:11 Number of Comments0 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:	
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Inspected FacilitiesFacility ID: 256099 Type: WELL API Number: 045-07429 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger lift

Corrective Action: _____

Date: _____

Facility ID: 276466 Type: WELL API Number: 045-10468 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger lift

Corrective Action: _____

Date: _____

Facility ID: 276467 Type: WELL API Number: 045-10469 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 2200
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: WMFKTC: Pressure or inches of Hg 0

Previous Test Pressure _____

Last MIT: 05/12/2017Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____

AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in.

Corrective Action: _____

Date: _____

Method of Injection: PUMP FEED

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

Comment: _____

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
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