

**FORM
INSP**

Rev
X/20

**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:

06/14/2021

Submitted Date:

06/15/2021

Document Number:

693803158

FIELD INSPECTION FORM

Loc ID 316443 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:

7 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 |
|------------------|--------------|------------------------------------|---------------------------------|
| , " | | COGCCInspectionReports@terraep.com | All Inspections |
| Morgan, John | | john.morgan@state.co.us | |
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 274578 | WELL | IJ | 12/01/2020 | DSPW | 103-10538 | Federal 299-26-2 | 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: | 970-285-9377 OR 911 | | |
| Corrective Action: | | | Date: _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment: _____

Multiple Spills and Releases?

| | | | |
|--------------------|------------------|--|-------|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Hogwire & T-post | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------|-------------|--|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Line heater | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------|----|--|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |

| | | | |
|--------------------|--|-------|--|
| Corrective Action: | | Date: | |
|--------------------|--|-------|--|

Flaring:

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

Inspected Facilities

Facility ID: 274578 Type: WELL API Number: 103-10538 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|-------------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>654</u> | Previous Test Pressure _____ | MPP _____ |
| | (e.g. 30 psig or -30" Hg) | | Inj Zone: <u>WMFK</u> |
| TC: | Pressure or inches of Hg <u>7</u> | Previous Test Pressure _____ | Last MIT: <u>01/23/2018</u> |
| Brhd: | Pressure or inches of Hg <u>3</u> | 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 |
|--------------|-----------------------------|---|
| 693803171 | Inspection photos 6/14/2021 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5455385 |