

**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:

07/12/2023

Submitted Date:

07/13/2023

Document Number:

693806337

**FIELD INSPECTION FORM**

Loc ID 316360 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: 1058 COUNTY ROAD 215  
City: PARACHUTE State: CO Zip: 81635

**Findings:**

8 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
Labowskie, Steve		steve.labowskie@state.co.us	
Morgan, John		john.morgan@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
,		COGCCInspectionReports@terraep.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
269115	WELL	IJ	11/01/2021	DSPW	103-10364	FEDERAL 299-26-1	SI

**General Comment:**

UIC-5 yr MIT. Wellhead inspection only.

**Location**

<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective ActionL			Date:
Type	Access		
comment:			
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	970-285-9377		
Corrective Action:			Date: _____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Hogwire & T-post		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 1		
Comment:	Telemetry		
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Line heater		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 269115 Type: WELL API Number: 103-10364 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WF-OC</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/30/2018</u>
			AnnMTReq: _____

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 1353 Csg psi: 1550 BH psi: 49

Insp. Status: Pass

Comment: UIC-5 yr MIT. Wellhead inspection only.  
Form 42 Doc#403451831 received 6/30/2023, with test scheduled for 7/12/2023.  
Pressure well to 1550 psi. Hold for 15 min. Final pressure 1567 psi. +17 psi gain. OK  
Test witnessed by COGCC using gauge on wellhead.

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
Berms	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
693806344	Inspection photos 7/12/2023	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6179978">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6179978</a>