

**FORM  
INSP**Rev  
05/11**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:

08/04/2016

Document Number:

674703001

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335123	335123	LONGWORTH, MIKE	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
Inspection, Terra TEP	970-263-2716	COGCCInspectionReports@terraep.com	TEP Inspection Mail Box

**Compliance Summary:**QtrQtr: SENW Sec: 25 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/15/2016	674702612			SATISFACTORY			No
11/27/2015	674702115			SATISFACTORY			No
01/09/2015	674700832			ACTION REQUIRED			No
09/23/2014	674700348			SATISFACTORY			No
03/07/2013	668100190			ACTION REQUIRED			No
01/17/2013	668100183			ALLEGED VIOLATION	F		Yes
10/16/2012	668100136			ALLEGED VIOLATION			Yes
04/01/2011	200304958	SR	PR	ACTION REQUIRED			No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293380	WELL	PR	01/01/2009	GW	045-14950	NAUGLE PA 22-25	PR	<input checked="" type="checkbox"/>
293381	WELL	PR	07/31/2008	GW	045-14951	NAUGLE PA 24-25R	PR	<input checked="" type="checkbox"/>
293382	WELL	PR	07/31/2008	GW	045-14952	NAUGLE PA 423-25	PR	<input checked="" type="checkbox"/>
293383	WELL	DA	03/15/2008	DA	045-14953	NAUGLE PA 24-25	DA	<input type="checkbox"/>
295093	WELL	PR	07/31/2008	GW	045-15646	NAUGLE PA 33-25	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

300729	WELL	PR	02/16/2011	GW	045-17983	TRI STATE TRUCKING PA 422-25	PR	<input checked="" type="checkbox"/>
300730	WELL	PR	02/16/2011	GW	045-17984	TRI STATE TRUCKING PA 322-25	PR	<input checked="" type="checkbox"/>
300731	WELL	PR	07/31/2010	GW	045-17985	TRI STATE TRUCKING PA 332-25	PR	<input checked="" type="checkbox"/>
300732	WELL	PR	07/31/2010	GW	045-17986	TRI STATE TRUCKING PA 532-25	PR	<input checked="" type="checkbox"/>
300733	WELL	PR	02/16/2011	GW	045-17987	TRI STATE TRUCKING PA 32-25	PR	<input checked="" type="checkbox"/>
300734	WELL	PR	07/31/2010	GW	045-17988	TRI STATE TRUCKING PA 432-25	PR	<input checked="" type="checkbox"/>
300735	WELL	PR	02/16/2011	GW	045-17989	TRI STATE TRUCKING PA 533-25	PR	<input checked="" type="checkbox"/>
300736	WELL	PR	08/30/2010	GW	045-17990	TRI STATE TRUCKING PA 433-25	PR	<input checked="" type="checkbox"/>
300737	WELL	PR	07/31/2010	GW	045-17991	TRI STATE TRUCKING PA 333-25	PR	<input checked="" type="checkbox"/>
300738	WELL	PR	09/30/2010	GW	045-17992	TRI STATE TRUCKING PA 523-25	PR	<input checked="" type="checkbox"/>
300739	WELL	PR	02/16/2011	GW	045-17993	TRI STATE TRUCKING PA 323-25	PR	<input checked="" type="checkbox"/>
300740	WELL	PR	02/16/2011	GW	045-17994	TRI STATE TRUCKING PA 23-25	PR	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location****Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

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

Comment: 970-285-9377

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

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

<b>Equipment:</b>				
Type: Bird Protectors	# 8	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 16	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required: SATISFACTORY		
Comment	Chemical containers at wells			
Corrective Action				Date:
Type: Plunger Lift	# 16	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

<b>Paint</b>				
Condition	Adequate			
Other (Content)				
Other (Capacity)	80 bbls			
Other (Type)				

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date

Inspector Name: LONGWORTH, MIKE

Comment				
<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				
<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				
<u>Venting:</u>				
Yes/No	NO			
Comment				
<u>Flaring:</u>				
Type			Satisfactory/Action Required	
Comment:				
Corrective Action:			Correct Action Date:	

**Predrill**

Location ID: 335123

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

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

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Comment:** \_\_\_\_\_**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_

Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 293380 Type: WELL API Number: 045-14950 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 293381 Type: WELL API Number: 045-14951 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 293382 Type: WELL API Number: 045-14952 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 295093 Type: WELL API Number: 045-15646 Status: PR Insp. Status: PR

<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300729	Type:	WELL	API Number:	045-17983	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300730	Type:	WELL	API Number:	045-17984	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300731	Type:	WELL	API Number:	045-17985	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300732	Type:	WELL	API Number:	045-17986	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300733	Type:	WELL	API Number:	045-17987	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300734	Type:	WELL	API Number:	045-17988	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300735	Type:	WELL	API Number:	045-17989	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300736	Type:	WELL	API Number:	045-17990	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300737	Type:	WELL	API Number:	045-17991	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300738	Type:	WELL	API Number:	045-17992	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								
Facility ID:	300739	Type:	WELL	API Number:	045-17993	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment:	Producing well								

Inspector Name: LONGWORTH, MIKE

Facility ID: 300740 Type: WELL API Number: 045-17994 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**Environmental**

**Spills/Releases:**

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Proximity to Surface Water: Depth to Ground Water:

**Water Well:**

Lat Long

DWR Receipt Num: Owner Name: GPS :

**Field Parameters:**

Sample Location:

Emission Control Burner (ECB):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Waste and Debris removed? Pass

CM

CA CA Date

Unused or unneeded equipment onsite? Pass

CM

CA CA Date

Pit, cellars, rat holes and other bores closed? Pass

CM

CA CA Date

Guy line anchors marked?

CM

CA CA Date

1003b. Area no longer in use? Production areas stabilized ?

Inspector Name: LONGWORTH, MIKE

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

Overall Interim Reclamation

#### Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

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

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

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

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

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location ☐ Multi-Well Location ☐

#### Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass					
		Gravel	Pass			
Gravel	Pass					
Seeding						
		Compaction	Pass			
				MHSP	Pass	
		Ditches	Pass			
Compaction	Pass					

Inspector Name: LONGWORTH, MIKE

Ditches	Pass					
---------	------	--	--	--	--	--

S/A/V: SATISFACTOR      Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

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

CA: \_\_\_\_\_

**Pits:**    ☒ NO SURFACE INDICATION OF PIT