

**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:

02/17/2017

Submitted Date:

02/20/2017

Document Number:

680401157**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:9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
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
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	SI	08/12/2014	DSPW	045-10469	Clough RWF 434-21	AC

General Comment:

Routine UIC inspection.

Location

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

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	<input type="text"/>
Corrective Action:	<input type="text"/>
Date:	<input type="text"/>

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

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

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

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: SI Insp. Status: AC**Underground Injection Control**

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1925
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: WFCMTC: Pressure or inches of Hg 0

Previous Test Pressure _____

Last MIT: 06/07/2012Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____

AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection. Casing blowdown 45 sec.

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	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT