

**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:

680401158**FIELD INSPECTION FORM**

Loc ID 335244 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
211242	WELL	PR	12/19/1995	GW	045-07001	CLOUGH 2A	PR
270346	WELL	PR	05/18/2004	GW	045-09536	CLOUGH RWF 524-21	PR
270354	WELL	PR	06/01/2004	GW	045-09531	CLOUGH RWF 424-21	PR
270357	WELL	PR	05/30/2004	GW	045-09535	CLOUGH RMV 219-21	PR
434764	WELL	IJ	03/31/2015	DSPW	045-22176	Clough RWF 911-28D	AC

General Comment:[Routine UIC inspection.](#)

Location**Lease Road:**

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

Overall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

Type: Ancillary equipment	# 1		corrective date
Comment:	Line Heater		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 211242 Type: WELL API Number: 045-07001 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 270346 Type: WELL API Number: 045-09536 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 270354 Type: WELL API Number: 045-09531 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 270357 Type: WELL API Number: 045-09535 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Corrective Action:

Date:

Facility ID: 434764 Type: WELL API Number: 045-22176 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 3850 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: N-COM

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 04/16/2014

Brhd: Pressure or inches of Hg 560 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.

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
Hydro Mulch	Pass	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT