

FORM
INSPRev
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State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

03/06/2017

Submitted Date:

03/07/2017

Document Number:

666802990

FIELD INSPECTION FORM

Loc ID 335511 Inspector Name: Murray, Richard 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 |
|---------------|-------|------------------------------------|-----------------------------------|
| , Inspections | | COGCCInspectionReports@terraep.com | Field Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 300395 | WELL | PR | 06/01/2011 | GW | 045-17901 | DOWNING RWF 522-24 | PR |
| 300396 | WELL | PR | 06/30/2010 | GW | 045-17902 | DOWNING RWF 22-24 | PR |
| 300397 | WELL | PR | 06/30/2010 | GW | 045-17903 | DOWNING RWF 511-24 | PR |
| 300398 | WELL | PR | 06/30/2010 | GW | 045-17904 | DOWNING RWF 311-24 | PR |

General Comment:

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|-----------------------|--|
| Other (Type) | | | | | | |
| Berms | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CONDENSATE | 3 | 300 BBLs | STEEL AST | | 39.512084,-107.840766 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Paint | | | | | | |
| Condition | Adequate | | | | | |
| Other (Content) | | | | | | |
| Other (Capacity) | | | | | | |
| Other (Type) | | | | | | |
| Berms | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Venting: | | | | | | |
| Yes/No | NO | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Flaring: | | | | | | |
| Type | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

| Inspected Facilities | | | | | | | | | |
|-----------------------|--------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 300395 | Type: | WELL | API Number: | 045-17901 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 300396 | Type: | WELL | API Number: | 045-17902 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 300397 | Type: | WELL | API Number: | 045-17903 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |
| Facility ID: | 300398 | Type: | WELL | API Number: | 045-17904 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Corrective Action: | | | | | | Date: | | | |

Environmental

Spill/Remediation:

Comment:

Corrective Action: Date:

Emission Control Burner (ECB): YES

Comment:

Pilot: OFF Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment: [Snow covered access road and location](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT