

**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:

03/15/2017

Submitted Date:

03/15/2017

Document Number:

674703737**FIELD INSPECTION FORM**Loc ID 335603 Inspector Name: LONGWORTH, MIKE 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:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
284787	WELL	PR	05/18/2006	GW	045-12271	CHEVRON TR 31-21-597	SI
421317	WELL	DG	03/09/2017	LO	045-20355	Chevron TR 432-21-597	DG

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
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?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 335603 CDP: \_\_\_\_\_

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

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

**Form 2A COAs:**

**Comment:** Notices are being recieved.

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

**Wildlife BMPs:**

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

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

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

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

**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:

\_\_\_\_\_

**Inspected Facilities**Facility ID: 284787 Type: WELL API Number: 045-12271 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

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

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

Facility ID: 421317 Type: WELL API Number: 045-20355 Status: DG Insp. Status: DG**Well Drilling**Rig: Rig Name: H&P 273 Pusher/Rig Manager: Jarvis

Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_

Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: YES**Drill Fluids****Management:**Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: YES Semi-Closed Loop: \_\_\_\_\_Multi-Well: YES Disposal Location: \_\_\_\_\_Comment: Halliburton cements on location. Surface casing

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

**Cement****Cement Contractor**Contractor Name: Halliburton Contractor Phone: \_\_\_\_\_**Surface Casing**Cement Volume (sx): 1355 Circulate to Surface: NOCement Fall Back: YES Top Job, 1" Volume: YES**Intermediate Casing**

Cement Volume (sxs): \_\_\_\_\_ Good Return During Job: \_\_\_\_\_

**Production Casing**

Cement Volume (sx): \_\_\_\_\_ Good Return During Job: \_\_\_\_\_

**Plugging Operations**

Depth Plugs(feet range): \_\_\_\_\_ Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_ Cement Type: \_\_\_\_\_

Comment: Top out woth 290 sks. No return to surface. Plan to finish top out on next well surface cement job.

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
Compaction	Pass					
Gravel	In Process					
				Material Handling And Spill Prevention	Pass	
Berms	Pass					
				Covering Materials	Pass	

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT