

**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:

05/18/2017

Submitted Date:

05/19/2017

Document Number:

674703949**FIELD INSPECTION FORM**
 Loc ID 334981 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:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name          | Phone        | Email                              | Comment |
|-----------------------|--------------|------------------------------------|---------|
| Inspection, Terra TEP | 970-263-2760 | COGCCInspectionReports@terraep.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 259106      | WELL | PR     | 01/26/2001  | GW         | 045-07685 | GM 11-12      | PR          |
| 265598      | WELL | PR     | 04/09/2003  | GW         | 045-09027 | GM 311-12     | PR          |

**General Comment:**2017 Flowline NTO Inspection 1000' Buffer

**Location**

|                    |        |       |  |
|--------------------|--------|-------|--|
| <b>Lease Road:</b> |        |       |  |
| Type               | Access |       |  |
| comment:           |        |       |  |
| Corrective Action  | L      | Date: |  |

Overall Good: ☒

|                      |                      |       |  |
|----------------------|----------------------|-------|--|
| <b>Signs/Marker:</b> |                      |       |  |
| Type                 | BATTERY              |       |  |
| Comment:             |                      |       |  |
| Corrective Action:   |                      | Date: |  |
| Type                 | TANK LABELS/PLACARDS |       |  |
| Comment:             |                      |       |  |
| Corrective Action:   |                      | Date: |  |
| Type                 | WELLHEAD             |       |  |
| Comment:             |                      |       |  |
| Corrective Action:   |                      | Date: |  |

Emergency Contact Number:

Comment: 970-285-9377

Corrective Action:

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

**Good Housekeeping:**

|                    |       |       |  |
|--------------------|-------|-------|--|
| Type               | TRASH |       |  |
| Comment:           |       |       |  |
| Corrective Action: |       | Date: |  |

Overall Good: ☒

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |              |       |  |
|--------------------|--------------|-------|--|
| <b>Fencing/:</b>   |              |       |  |
| Type               | TANK BATTERY |       |  |
| Comment:           |              |       |  |
| Corrective Action: |              | Date: |  |
| Type               | WELLHEAD     |       |  |
| Comment:           |              |       |  |
| Corrective Action: |              | Date: |  |
| Type               | SEPARATOR    |       |  |
| Comment:           |              |       |  |
| Corrective Action: |              | Date: |  |

|                                   |   |  |                 |
|-----------------------------------|---|--|-----------------|
| <b>Equipment:</b>                 |   |  | corrective date |
| Type: Bird Protectors             | # 3   |  |                 |
| Comment:                          |   |  |                 |
| Corrective Action:                |   |  | Date:           |
| Type: Horizontal Heated Separator | # 2   |  |                 |
| Comment:                          | Center of spread 39.45825 -108.06570  |  |                 |
| Corrective Action:                |   |  | Date:           |
| Type: Plunger Lift                | # 2   |  |                 |
| Comment:                          |   |  |                 |
| Corrective Action:                |   |  | Date:           |
| Type: Dehydrator                  | # 1   |  |                 |
| Comment:                          | Separator dehydrator combo: dehydrator no longer in use. Unused lines are planned to removed. |  |                 |
| Corrective Action:                |   |  | Date:           |
| Type: Flow Line                   | #   |  |                 |
| Comment:                          | In use: 2- 2" risers at wells. 1 - 2" riser at tank battery.                                  |  |                 |
| Corrective Action:                |   |  | Date:           |

**Tanks and Berms:**

|                    |   |           |           |         |        |       |
|--------------------|---|-----------|-----------|---------|--------|-------|
| Contents           | # | Capacity  | Type      | Tank ID | SE GPS |       |
| PRODUCED WATER     | 1 | <100 BBLS | STEEL AST |         | ,      |       |
| Comment:           |   |           |           |         |        |       |
| Corrective Action: |   |           |           |         |        | Date: |

**Paint**

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) | 80 bbls  |  |
| Other (Type)     |          |  |

**Berms**

|                    |          |                     |                     |             |
|--------------------|----------|---------------------|---------------------|-------------|
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal              | Adequate | Walls Sufficent     | Base Sufficent      | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     |             |
|                    |          |                     | Date:               |             |

**Venting:**

|                    |    |       |
|--------------------|----|-------|
| Yes/No             | NO |       |
| Comment:           |    |       |
| Corrective Action: |    | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**Facility ID: 259106 Type: WELL API Number: 045-07685 Status: PR Insp. Status: PR**Producing Well**Comment: [Producing well](#)

Corrective Action:

Date:

Facility ID: 265598 Type: WELL API Number: 045-09027 Status: PR Insp. Status: PR**Producing Well**Comment: [Producing well](#)

Corrective Action:

Date:

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description              | URL   |
|--------------|--------------------------|---|
| 674703951    | GM 11-12 location photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4153333">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4153333</a> |