

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403288250

Date Received:

01/12/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96850

Name of Operator: TEP ROCKY MOUNTAIN LLC

Address: 1058 COUNTY ROAD 215

City: PARACHUTE State: CO Zip: 81635

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

TEP

COGCCInspectionReports@terraep.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702800911

Inspection Date: 11/07/2022

FIR Submit Date: 11/11/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: TEP ROCKY MOUNTAIN LLC

Company Number: 96850

Address: 1058 COUNTY ROAD 215

City: PARACHUTE State: CO Zip: 81635

LOCATION - Location ID: 335453

Location Name: LANGSTAFF-66S94W Number: 16NWSW County: \_\_\_\_\_

Qtrqr: NWS Sec: 16 Twp: 6S Range: 94W Meridian: 6  
W

Latitude: 39.522869 Longitude: -107.901250

FACILITY - API Number: 05-045- -00 Facility ID: 335453

Facility Name: LANGSTAFF-66S94W Number: 16NWSW

Qtrqr: NWS Sec: 16 Twp: 6S Range: 94W Meridian: 6  
W

Latitude: 39.522869 Longitude: -107.901250

CORRECTIVE ACTIONS:

1 CA# 166070

Corrective Action: Conduct weed management to prevent further establishment and spread of noxious weeds; ongoing weed management required until location passes final reclamation.

Date: 09/30/2023

Response: CA COMPLETED

Date of Completion: 01/12/2023

Operator Comment: Location will continue to be inspected/treated for A and B state listed noxious weeds in 2023. COGCC concerns have been noted and a list compiled for weed control contractor. Reclamation monitoring will continue to ensure progression of desirable species.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: All CAs addressed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Heather Foor

Signed: \_\_\_\_\_

Title: Environmental Specialist

Date: 1/12/2023 9:51:17 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

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Total Attach: 0 Files