

**FORM
INSP**Rev
X/20**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:

05/28/2025

Submitted Date:

05/30/2025

Document Number:

693808681**FIELD INSPECTION FORM**Loc ID 311685 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 96850Name of Operator: TEP ROCKY MOUNTAIN LLCAddress: 1058 COUNTY ROAD 215City: PARACHUTE State: CO Zip: 81635**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:12 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Beasley, Nolan		nolan.beasley@state.co.us	UIC Lead
, "		COGCCInspectionReports@terraep.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
289567	WELL	IJ	12/09/2014	DSPW	045-13803	GGU RODREICK 21B-31-691 SWD	AC

General Comment:

Routine UIC inspection.

Location**Lease Road:**

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

Overall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

Comment: 970-285-9377

Corrective Action:

Date: _____

Good Housekeeping:

Type	TRASH		
Comment:	Enclosed trash bin		
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Injection wellhead inside housing		
Corrective Action:		Date:	

Equipment:

Type: Prime Mover	# 1		corrective date
Comment:	Pump inside housing		

Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	10	500 BBLS	HEATED STEEL AST		39.489804,-107.600705	
Comment:	8-500 bbl tanks and 2-300 bbl tanks inside same berms					
Corrective Action:					Date:	

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	10	500 BBLS	STEEL AST		39.490172,-107.600533	
Comment:						
Corrective Action:					Date:	

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
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 FacilitiesFacility ID: 289567 Type: WELL API Number: 045-13803 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 2371 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 1208 Previous Test Pressure _____ Last MIT: 12/03/2024

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHeadDate of Last Brhd Test: 05/07/2024 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file. 06/30/2025Corrective Action: Submit Form 17 as directed by Rule 419.c Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693808692	Inspection photos 5/28/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7075227