

**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:

01/31/2017

Submitted Date:

02/01/2017

Document Number:

674703590**FIELD INSPECTION FORM**
 Loc ID 335257 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:6 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
211105	WELL	PR	01/06/1995	GW	045-06864	DOE 3-2-21	PR
263361	WELL	PR	11/14/2002	GW	045-08123	FEDERAL PA 12-21	PR
263364	WELL	PR	11/13/2002	GW	045-08126	FEDERAL PA 312-21	PR

General Comment:

Location

Lease Road:			
Type	Access		
comment:	Wet, muddy and melting snow pack		
Corrective Action	L	Date:	

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
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: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 2		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	Chemical container at wells. Container of methanol at separators.		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	200 BBLs	STEEL AST		,	
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:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	200 BBLs	STEEL AST		,	
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 FacilitiesFacility ID: 211105 Type: WELL API Number: 045-06864 Status: PR Insp. Status: PR**Producing Well**Comment: producing well

Corrective Action:

Date:

Facility ID: 263361 Type: WELL API Number: 045-08123 Status: PR Insp. Status: PR**Producing Well**Comment: producing well

Corrective Action:

Date:

Facility ID: 263364 Type: WELL API Number: 045-08126 Status: PR Insp. Status: PR**Producing Well**Comment: producing well

Corrective Action:

Date: