

**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:

12/27/2018

Submitted Date:

12/27/2018

Document Number:

679702374**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: _____ On-Site Inspection ☐
 316511 _____ Moran, Rick _____ 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 Comments2 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 |
|-----------------------|--------------|------------------------------------|---------|
| Inspection, Terra TEP | 970-285-9377 | COGCCInspectionReports@terraep.com | |
| Waldron, Emily | | emily.waldron@state.co.us | |
| Kellerby, Shaun | 970-712-1248 | shaun.kellerby@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 283152 | WELL | PR | 07/08/2009 | GW | 103-10689 | LEFT FORK P36-299 | PR |

General Comment:

routine well inspection

LocationOverall Good: ☒

| | | | |
|----------------------|---|-------|------------|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Sign or label not posted or information inaccurate on tanks or containers Capacity on 300 barrel tanks not readable. | | |
| Corrective Action: | Install sign to comply with Rule 210.d. | Date: | 03/04/2019 |
| Type | CONTAINERS | | |
| Comment: | Sign or label not posted or information inaccurate on tanks or containers The label on 1 container next to the well head not readable. | | |
| Corrective Action: | Install sign to comply with Rule 210.d. | Date: | 03/04/2019 |
| 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 | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | SEPARATOR | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Equipment:

corrective date

Type: Plunger Lift

1

Comment:

| | | | |
|-----------------------------------|---|-------|--|
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 3 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 3 | | |
| Comment: | 2 containers of methanol (one belongs to Williams) and 1 container of unknown | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|-----------------------|
| CONDENSATE | 2 | 300 BBLs | STEEL AST | | 39.827410,-108.445280 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth | 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 Facilities | | | | | | | | | |
|----------------------|----------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 283152 | Type: | WELL | API Number: | 103-10689 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | producing well | | | | | | | | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | | | | | | |
| Compaction | | | | | | |

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|----------------------|---|
| 401887632 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4688513 |
| 679702375 | inspection photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4688505 |