

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:

403188080

Date Received:

10/05/2022

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: 699804973

Inspection Date: 09/28/2022

FIR Submit Date: 09/28/2022

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: 335294

Location Name: GIBSON GULCH UNIT-66S91W Number: 30NESW County: _____

Qtrqtr: NESW Sec: 30 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.496881 Longitude: -107.597481

FACILITY - API Number: 05-045-00 Facility ID: 335294

Facility Name: GIBSON GULCH UNIT-66S91W Number: 30NESW

Qtrqtr: NESW Sec: 30 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.496881 Longitude: -107.597481

CORRECTIVE ACTIONS:

1 CA# 164881

Corrective Action: The storage of equipment not necessary for use on location is prohibited.

Date: 06/10/2022

Response: CA COMPLETED

Date of Completion: 09/30/2022

Operator Comment: Per the TEP production supervisor for this location, the equipment noted in the inspection report is fully functional and is used / connected when needed for site operations. The equipment noted in the report is both necessary and used as needed to support site operations. The corrective action has been addressed.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Per the TEP production supervisor for this location, the equipment noted in the inspection report is fully functional and is used / connected when needed for site operations. The equipment noted in the report is both necessary and used as needed to support site operations. The corrective action has been addressed.

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

Print Name: Michael Gardner

Signed: _____

Title: TEP Env Lead

Date: 10/5/2022 11:41:00 AM

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
|------------------------|--------------------|

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files