

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

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



DE	ET	OE	ES
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Inspection Date:
07/09/2012

Document Number:
663300288

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>SCHURE, KYM</u>
	<u>219123</u>	<u>312155</u>		

Operator Information:

OGCC Operator Number: 10380 Name of Operator: BENCHMARK ENERGY LLC
Address: PO BOX 8747
City: PRATT State: KS Zip: 67124

Contact Information:

Contact Name	Phone	Email	Comment
Nash, Jerry	(620) 672-9700	lferrell@profsecservices.com	

Compliance Summary:

QtrQtr: SENW Sec: 12 Twp: 8N Range: 54W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/16/2011	200312773	MI	TA	S			N
05/17/2010	200250543	RT	TA	S			N
08/04/2009	200215924	RT	TA	S			N
04/22/2008	200130652	RT	SI	S			N
06/20/2007	200115804	RT	SI	S		P	N
06/08/2006	200091672	MI	SI	S		P	N
07/05/2005	200074139	RT	SI	S		P	N
06/15/2004	200055913	RT		S		P	N
04/02/2003	200037006	RT	SI	S		P	N
07/18/2002	200028847	RT	SI	S	P	P	N
07/26/2001	200018309	MI	SI	S		P	N
08/04/2000	200008428	RT	SI	S		P	N

Inspector Comment:

Incorrect/Invalid signage at wellhead. Incorrect/Invalid emergency contact information, emergency contact no. must have 24-7-365 live attendance answering calls. Surface owner expressed dissatisfaction with maintenance and compliance with gates left open causing cattle to migrate off of property due to operator/contractor negligence. Operator is required to provide COGCC a completed Form 4 Sundry (plan and intention for well) by Sept. 1, 2012.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
219123	WELL	TA	06/01/1998	ERIW	075-05951	NW GRAYLIN D-SAND UNIT 4-W	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	Incorrect/Invalid sign at wellhead.	Install sign to comply with rule 210.b.	07/23/2012
BATTERY	Unsatisfactory	Shared battery. Signage describes wells tied to battery.	Install sign to comply with rule 210.b.	07/23/2012

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 07/23/2012

Comment: Incorrect/Invalid emergency information at wellhead.

Corrective Action: Install sign to comply with rule 210.b.

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked		Unsatisfactory	Non-existent or improperly marked deadman. Surface owner expressed dissatisfaction regarding seasonal visibility of deadman.	Install and maintain deadman per COGCC rules and regulations.	07/23/2012

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312155

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

CA: _____ **Date:** _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____
 Other BMPs: _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 219123 Type: WELL API Number: 075-05951 Status: TA Insp. Status: TA

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 06/16/2011

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

Comment: No leaks indicated at wellhead. Satisfactory Routine UIC

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____
 Guy line anchors removed? In CM _____
 CA _____ CA Date _____
 Guy line anchors marked? In CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In
 1003c. Compacted areas have been cross ripped? Fail
 1003d. Drilling pit closed? Pass Subsidence over on drill pit? In
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In
 Production areas have been stabilized? In Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Fail Recontoured Fail 80% Revegetation In

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____