

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



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Inspection Date:
08/01/2012

Document Number:
663300351

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	219394	312196		SCHURE, KYM

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	
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:

QtrQtr: SWNE Sec: 30 Twp: 9N Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/03/2011	200309702	RT	TA	S			Y
07/26/2010	200263864	RT	TA	S			N
06/30/2009	200214059	RT	SI	S			N
04/08/2008	200130224	RT	TA	S			N
06/20/2007	200115793	MI	TA	S		P	N
06/08/2006	200091678	RT	TA	S		P	N
07/05/2005	200074159	RT	TA	S		P	N
06/15/2004	200055904	RT		S		P	N
04/02/2003	200037003	RT	TA	S		P	N
09/11/2002	200030528	MI	TA	S		P	N
07/17/2002	200028857	MI	AC	U		F	Y
08/23/2001	200019606	RT	AC	S		F	N
08/03/2000	200008440	RT	AC	S		P	N
06/15/2000	200012372	RT	AC	S		P	N
06/15/2000	200011968	RT	AC	S		P	N
11/12/1998	500152964	PR	AC			F	Y
03/20/1995	500152963	RT	AC				Y

Inspector Comment:

Incorrect/Invalid signage (No signage) at wellhead. No emergency contact information at wellhead. MIT inspection to maintain SI/TA status: Satisfactory Pressure before test 20psi., Pressure at start of test, 380psi., pressure at 5min. 360psi., pressure at 10min. 355psi., final pressure 355psi. Loss or gain -25 loss. Debris on ground at wellhead. Concrete pad for pump jack remains on site.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
219394	WELL	TA	12/01/2010		075-06281	MOUNT HOPE UNIT W-36	<input checked="" type="checkbox"/>

Equipment: Location Inventory

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	Invalid/Incorrect/None sign at wellhead	Install sign to comply with rule 210.b.	09/01/2012

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 09/01/2012

Comment: _____

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

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Debris, scrap iron, unused equipment at wellhead	Remove all debris from area.	09/01/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312196

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: 219394 Type: WELL API Number: 075-06281 Status: TA Insp. Status: TA

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? In CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? In 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? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In

1003c. Compacted areas have been cross ripped? In

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 _____

