

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:
08/13/2013

Document Number:
664001203

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>233166</u>	<u>316914</u>	<u>SCHURE, KYM</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 7800 Name of Operator: BEREN CORPORATION
 Address: 2020 N BRAMBLEWOOD STREET
 City: WICHITA State: KS Zip: 67206

Contact Information:

Contact Name	Phone	Email	Comment
LEONARD, MIKE		mike.leonard@state.co.us	
ONYSKIW, DENISE		denise.onyskiw@state.co.us	
Reynolds, Rodney	316-337-8340	reynoldsr@berexco.com	

Compliance Summary:

QtrQtr: NENW Sec: 7 Twp: 4S Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/27/2012	663700052	IJ	AC	S			N
07/13/2012	663400598	IJ	AC	U	P		N
09/12/2011	200320641	MI	TA	S			N
08/22/2011	200319727	MI	SI	U			Y
09/10/2010	200271059	MI	SI	S			N
08/19/2010	200268036	MI	SI	S			Y
08/13/2010	200266870	MI	AC	U			Y
08/26/2009	200217347	MI	AC	S			N
07/10/2009	200215327	RT	AC	S			N
08/05/2008	200193690	MI	SI	S			N
06/15/2007	200115783	MI	SI	S		P	N
04/27/2006	200089816	MI	AC	S		P	N
08/25/2005	200075995	MI	AC	S		P	N
08/10/2004	200058483	MI	AC	S		P	N
07/16/2003	200041681	MI	AC	S		P	N
08/21/2002	200029718	MI	AC	S		P	N
08/15/2001	200019245	MI	AC	S		P	N
06/27/2000	200008059	MI	SI	S		F	Y
03/09/1995	500158142	RT	AC				N

Inspector Comment:

Inspector Name: SCHURE, KYM

Operator rep. elected to pressurize well at 300 psi. COGCC inspector explained that any loss below 300psi. would result in test failure. Third party chart was submitted by Frontier. Signage is invalid/incorrect for emergency contact info. Operator has signs ordered, Inspector agree to hold inspection for signage at "unsatisfactory" pending installation before corrective action date. Tubing pressure before test 0, Casing pressure before start 0, Casing pressure at start 300psi., pressure at 5 min. 300psi., pressure at 10 min. 300psi., pressure at 15 min., 300psi. Loss or gain 0

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
233166	WELL	IJ	07/27/2001	OW	121-05190	SCOTT 1-WD	<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 Motors: _____	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		Install sign to comply with rule 210.d.	09/30/2013

Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 09/30/2013

Comment: Invalid/Incorrect Emergency contact
Violation status pending installation of sign prior to corrective action date.

Corrective Action: Install correct emergency contact information on sign.

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: 316914

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: 233166 Type: WELL API Number: 121-05190 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: JSND

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: 08/09/2012

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____

Tbg psi: _____

Csg psi: 300

BH psi: _____

Insp. Status: Pass

Comment: Operator rep. decided to pressurize to 300psi. Inspector advised that any loss below 300 psi. would result in test failure. Operator rep. was informed that test pressure would re-set max. allowable injection pressure for well. Inspector called Rodney Reynolds for verification of pressure chosen by Beren Corp. rep. Elmer Fritzier

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

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 _____ Multi-Well Location

Storm Water:

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

Inspector Name: SCHURE, KYM

S/U/V: Satisfactory Corrective Date: _____

Comment: No surface erosion from stormwater management observed.

CA: _____