

**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:

07/23/2014

Document Number:

667200231

Overall Inspection:

VIOLATION**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	219143	312158	SCHURE, KYM	<input type="checkbox"/>	

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

- ☐ THIS IS A FOLLOW UP INSPECTION
☒ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED
☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
AXELSON, JOHN		john.axelson@state.co.us	P/W spill
BURN, DIANA		diana.burn@state.co.us	MIT
Nash, Jerry	(316) 218-8184	jerry@benchmarkenergy.us	All Inspections
QUINT, CRAIG		craig.quint@state.co.us	
Ferrell, LaDawn	(620) 672-3800	lferrell@profsecservices.com	All Inspections

Compliance Summary:QtrQtr: NENE Sec: 12 Twp: 8N Range: 54W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/08/2013	664001188	SI	SI	SATISFACTOR Y			No
07/09/2012	663300290	IJ	IJ	ACTION REQUIRED	I		No
11/21/2011	664000148	IJ	AC	SATISFACTOR Y	P		No
10/11/2011	200324950	MI	SI	ACTION REQUIRED			Yes
06/16/2011	200312771	MI	AC	ACTION REQUIRED			Yes
07/26/2010	200263867	RT	TA	SATISFACTOR Y			No
07/19/2010	200264964	SR	AC	SATISFACTOR Y	I		No
01/27/2010	200229253	MI	SI	SATISFACTOR Y			No
12/21/2009	200225699	MI	SI	ACTION REQUIRED			Yes
07/23/2009	200215464	MI	SI	ACTION REQUIRED			Yes
07/22/2009	200215463	MI	SI	ACTION REQUIRED			Yes

Inspector Name: SCHURE, KYM

04/17/2008	200130595	MI	AC	ACTION REQUIRED		Yes	
06/20/2007	200115791	MI	AC	SATISFACTOR Y	Pass	No	
06/08/2006	200091673	RT	AC	SATISFACTOR Y	Pass	No	
07/05/2005	200074145	RT	AC	SATISFACTOR Y	Pass	No	
06/15/2004	200055914	RT		SATISFACTOR Y	Pass	No	
04/02/2003	200037008	RT	AC	SATISFACTOR Y	Pass	No	
08/02/2002	200029314	MI	SI	SATISFACTOR Y	Pass	No	
07/17/2002	200028858	MI	AC	ACTION REQUIRED	Fail	Yes	
08/23/2001	200019591	RT	AC	SATISFACTOR Y	Pass	No	
08/04/2000	200008426	RT	AC	SATISFACTOR Y	Pass	No	

Inspector Comment:

Casing shows 100psi. Tubing blowing P/W Suspected communication Requiring MIT Within (5) days from receipt of this Inspection Report submit to COGCC a detailed written plan and schedule of completion to resolve "Action Required" items listed in this report. "Violation" items require immediate resolution. Submit to COGCC "As Built" documentation for all wells and related facilities with GPS on all Oil and Gas Properties operated by Benchmark Energy LLC, submit with plan of action schedule. submitted no later than 08/11/2014. Submit Sundry Form 4 per As Built Location Policy and Rule 215.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
219143	WELL	SI	04/26/2013	ERIW	075-05972	NW GRAYLIN D-SAND UNIT 20-W	SI	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	NO lease road		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	VIOLATION	Emergency contact no. missing	Install sign to comply with rule 210.	07/23/2014

Emergency Contact Number (S/A/V): VIOLATION

Corrective Date: 07/23/2014

Inspector Name: SCHURE, KYM

Comment: Emergency contact no. is missing

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	WELLHEAD	> 5 bbls	Suspected salt kill	07/23/2014

☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	0	SATISFACTORY			
Deadman # & Marked	4	ACTION REQUIRED	Mark all deadman. (1) deadman unmarked, Inspector placed t-post for safety. Markers must be highly visible color.	Mark all deadman	08/11/2014

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 219143

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 219143 Type: WELL API Number: 075-05972 Status: SI Insp. Status: SI

Complaint

Comment: Surface Owner: Russell Adele contacted COGCC regarding concerns of surface damage from alleged P/W spill.

Underground Injection Control

UIC Violation: Other

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 100psig Previous Test Pressure _____ Last MIT: 11/21/2011

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

Comment: Surface owner Mr. Russell Adele came out to well-site to express concern/complaint about vegetation kill originating from wellhead.
 Upon inspection, gauge on casing shows 100 psi. and tubing valve (when opened) ejects water. Suspected communication requiring immediate MIT

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: ACTION

CA Date: 08/05/2014

CA: _____

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: WATER Description: Vegetation kill from wellhead Estimated Spill Volume: 5

Comment: _____

Corrective Action: Remove/Remediate affected soils Date: 07/23/2014

Reportable: YES GPS: Lat _____ Long _____

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

Water Well:

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

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: _____

Inspector Name: SCHURE, KYM

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

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

S/A/V: **ACTION REQUIRED** Corrective Date: **08/05/2014**

Comment: **NO BMP's in place. Surface owner met with COGCC Inspector Schure at wellhead and offered concerns/complaint about surface conditions (vegetation kill) and surface water runoff.**

CA: **Install and maintain BMP's**

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
667200268	Signage - No emergency contact number	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3400961
667200269	Casing pressure showing 100psi. tubing blowing water	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3400962
667200270	Unmarked deadman	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3400963
667200271	P/W vegetation kill area	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3400964
667200272	P/W vegetation kill area	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3400965