

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:
08/09/2014

Document Number:
667200354

Overall Inspection:

VIOLATION

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219142</u>	<u>312157</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

Operator Information:

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

- 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
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Allison, Rick		rick.allison@state.co.us	
Axelson, John		john.axelson@state.co.us	
Nash, Jerry	(316) 218-8184	jerry@benchmarkenergy.us	All Inspections
Quint, Craig		craig.quint@state.co.us	
Nash, Jerry	(620) 672-9700	lferrell@profsecservices.com	

Compliance Summary:

QtrQtr:	<u>NENW</u>	Sec:	<u>12</u>	Twp:	<u>8N</u>	Range:	<u>54W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/23/2014	667200233	TA	TA	VIOLATION			Yes
08/08/2013	664001189	TA	TA	SATISFACTOR Y			No
07/09/2012	663300289	TA	TA	ACTION REQUIRED	I		No
06/16/2011	200312780	MI	AC	SATISFACTOR Y			No
05/17/2010	200250541	RT	AC	SATISFACTOR Y			No
08/04/2009	200215918	RT	AC	SATISFACTOR Y			No
04/22/2008	200130653	RT	AC	SATISFACTOR Y			No
06/20/2007	200115803	RT	AC	SATISFACTOR Y		Pass	No
06/16/2006	200091651	MI	SI	SATISFACTOR Y		Pass	No
06/08/2006	200091663	MI	AC	SATISFACTOR Y		Fail	Yes

Inspector Name: SCHURE, KYM

07/05/2005	200074140	RT	SI	SATISFACTOR Y		Pass	No
06/15/2004	200055909	RT		SATISFACTOR Y		Pass	No
04/02/2003	200037007	RT	SI	SATISFACTOR Y		Pass	No
07/18/2002	200028845	RT	SI	SATISFACTOR Y	P	Pass	No
07/26/2001	200018310	MI	SI	SATISFACTOR Y		Pass	No
08/04/2000	200008427	RT	SI	SATISFACTOR Y		Pass	No

Inspector Comment:

Verbal notification of a spill from the Operator, Mr. Jerry Nash - Benchmark Energy LLC. COGCC Inspector Schure received a telephone call from Mr. Nash on 08/08/2014 at 5:04 pm MST notifying COGCC that the surface owner had notified Mr. Nash that a release had been discovered. Mr. Nash stated that the spill was relatively small and a COGCC site inspection will follow this report. The Operator stated that a buried injection line had failed causing the release. Forwarding inspection on to COGCC Environmental Group.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
219142	WELL	TA	04/26/2013	ERIW	075-05971	NW GRAYLIN D-SAND UNIT 5-W	TA	<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

Emergency Contact Number (S/A/V): _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
PW/CO	Flow Line		Volume and type unknown at time of this report. Operator is required to submit to COGCC Environmental, documentation of quantity of release and soil analysis of affected area. Well history indicates alleged previous spill.	08/13/2014

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	steel pipe		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	0				

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 219142

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: 219142 Type: WELL API Number: 075-05971 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: Report of spill

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: 08/13/2014

CA: Spill/Release from failed buried injection line. Operator is required to follow all COGCC Rules and Regulations for removal/remediation of affected site.

Comment: _____

Environmental

Spills/Releases:

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

Comment: Initial report of notification. Operator contacted COGCC NE Field Office at 5:05pm MST on 08/08/2014 reporting a release from a failed buried injection line. Quantity and Substance/Type of spill unknown. P/W-CO suspected. Landowner has been notified.

Corrective Action: Follow COGCC Rules and Regulations for approved procedures Date: 08/13/2014

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 _____

Inspector Name: SCHURE, KYM

Comment: _____

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

S/A/V: _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT