

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:
09/16/2014

Document Number:
667200518

Overall Inspection:

ALLEGED VIOLATION

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219143</u>	<u>312158</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
Quint, Craig		craig.quint@state.co.us	
Burn, Diana		diana.burn@state.co.us	
Nash, Jerry	(316) 218-8184	jerry@benchmarkenergy.us	All Inspections
Ferrell, LaDawn	(620) 672-3800	lferrell@profsecservices.com	All Inspections
Koehler, Bob		bob.koehler@state.co.us	

Compliance Summary:

QtrQtr:	<u>NENE</u>	Sec:	<u>12</u>	Twp:	<u>8N</u>	Range:	<u>54W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/12/2014	667200364			ALLEGED VIOLATION			Yes
07/23/2014	667200231	SI	SI	ALLEGED VIOLATION			Yes
08/08/2013	664001188	SI	SI	SATISFACTORY			No
07/09/2012	663300290	IJ	IJ	ACTION REQUIRED	I		No
11/21/2011	664000148	IJ	AC	SATISFACTORY	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	SATISFACTORY			No
07/19/2010	200264964	SR	AC	SATISFACTORY	I		No
01/27/2010	200229253	MI	SI	SATISFACTORY			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
04/17/2008	200130595	MI	AC	ACTION REQUIRED			Yes
06/20/2007	200115791	MI	AC	SATISFACTORY		Pass	No
06/08/2006	200091673	RT	AC	SATISFACTORY		Pass	No
07/05/2005	200074145	RT	AC	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

06/15/2004	200055914	RT		SATISFACTORY		Pass	No
04/02/2003	200037008	RT	AC	SATISFACTORY		Pass	No
08/02/2002	200029314	MI	SI	SATISFACTORY		Pass	No
07/17/2002	200028858	MI	AC	ACTION REQUIRED		Fail	Yes
08/23/2001	200019591	RT	AC	SATISFACTORY		Pass	No
08/04/2000	200008426	RT	AC	SATISFACTORY		Pass	No

Inspector Comment:

Inspection Report submitted for clarification of Doc.#667200469. UIC/MIT FAILED WELL IS TO REMAIN SHUT- DOWN-OUT OF SERVICE until witnessed MIT passes 15 min. test. No Form 21 necessary on this inspection, MIT failure requires no Form 21 submitted. Operator must have completed Form 21 and pre-test well prior to UIC/MIT being performed. Surface (Environmental) compliance issues remain as described in Doc.#667200469. Operator is required to contact COGCC Engineering and Bob Koehler for compliance directives regarding UIC/MIT.

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

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/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:**

CA: **Date:** _____

Wildlife BMPs:

S/AV: _____ **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

Underground Injection Control

UIC Violation: Failed MIT

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: DSND

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: 11/21/2011

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: Fail

Leak Type: _____

Comment: UIC/MIT FAILED LOSS -40 psi. within (10) min.

Idle Well

Purpose: Shut In

Temporarily Abandoned

Reminder: _____

S/A/V: _____

CA Date: 03/16/2015

CA: FAILED UIC/MIT WELL MUST REMAIN OUT OF SERVICE UNTIL SUCCESSFUL MIT IS PERFORMED RULE 326

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:

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: _____

Corrective Action: _____ Date _____

Inspector Name: SCHURE, KYM

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