

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:
10/15/2014

Document Number:
667200573

Overall Inspection:

ALLEGED 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
Young, Rob		rob.young@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Axelson, John		john.axelson@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Burn, Diana		diana.burn@state.co.us	
Ferrell, LaDawn	(620) 672-3800	lferrell@profsecservices.com	All Inspections
Nash, Jerry	(316) 218-8184	jerry@benchmarkenergy.us	All Inspections

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)
10/07/2014	667200568	TA	TA	ACTION REQUIRED			No
08/19/2014	667200391	TA	TA	ALLEGED VIOLATION			Yes
08/12/2014	667200363	TA	TA	ACTION REQUIRED			No
08/09/2014	667200354	TA	TA	ALLEGED VIOLATION			Yes
07/23/2014	667200233	TA	TA	ALLEGED VIOLATION			Yes
08/08/2013	664001189	TA	TA	SATISFACTORY			No
07/09/2012	663300289	TA	TA	ACTION REQUIRED	I		No
06/16/2011	200312780	MI	AC	SATISFACTORY			No
05/17/2010	200250541	RT	AC	SATISFACTORY			No
08/04/2009	200215918	RT	AC	SATISFACTORY			No
04/22/2008	200130653	RT	AC	SATISFACTORY			No
06/20/2007	200115803	RT	AC	SATISFACTORY		Pass	No
06/16/2006	200091651	MI	SI	SATISFACTORY		Pass	No
06/08/2006	200091663	MI	AC	SATISFACTORY		Fail	Yes
07/05/2005	200074140	RT	SI	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

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

Inspector Comment:

COGCC N.E. Field Office (Inspector Schure) received a complaint from landowner Mr. Russell Adele regarding his observation of a fluid/PW spill at well. Reference: Doc# 667200568,667200391,667200363,667200354 & 667200233 for previous Inspection Report details. Reference: (Approved) Operator Plan for Corrective Actions and Completion Dates related to citations on Benchmark Energy LLC current Violations/Action Required items. Inspector Schure contacted/notified Operator of spill/release, notified COGCC Engineering, left message for COGCC Environmental, re-contacted surface owner notifying contact with Operator.

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 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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	WELLHEAD	> 5 bbls	Contact COGCC Environmental and COGCC Engineering for directives.	10/16/2014

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION				

Equipment:

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

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

Complaint

Comment: Surface owner contacted COGCC N.E. Field Office requesting a formal complaint against Operator regarding spill/release at wellhead.

Underground Injection Control

UIC Violation: Operational 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: 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: _____

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: ALLEGED

CA Date: 10/16/2014

CA: Well must be either:

- 1) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each temporarily abandoned well within thirty (30) days of the date the well becomes incapable of production or
- 2) Be properly plugged and abandoned.
- 3) A sundry requesting continued temporarily abandoned status should be submitted to Bob Koehler at the COGCC within thirty (30) days of receipt of this report - the sundry should detail the plan for the future operation of the well and the way the well is closed to the atmosphere. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Suspected flow line failure. Spill/Release resulting from operational failure. Contact COGCC Environmental and COGCC Engineering for directives. Operator was required to provide COGCC Engineering with previous failed line component/parts for analysis and flow line integrity verification. No indication of Operator submitting failed system parts for review/analysis.

Comment: _____

Environmental

Spills/Releases:

Type of Spill: FLUID Description: System failure Estimated Spill Volume: _____

Comment: Operator has been notified by COGCC N.E. Field Office (Inspector Schure).

Corrective Action: Contact COGCC Environmental and COGCC Engineering for directives. Shut down well Date: 10/15/2014

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 _____

Inspector Name: SCHURE, KYM

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 _____ 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						

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Implement/maintain BMP's for surface control.
CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
SEE PREVIOUS INSPECTIONS FOR CURRENT CITATIONS AND CORRECTIVE ACTIONS. Reference: Operator's Plan for Corrective Actions and Completion Dates pending approval from COGCC.	schureky	10/15/2014