

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:
10/14/2014

Document Number:
667200574

Overall Inspection:
SATISFACTORY

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
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	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/06/2014	667200567	SI	SI	ACTION REQUIRED			No
09/16/2014	667200518	SI	SI	ALLEGED VIOLATION			Yes
09/16/2014	667200469			ACTION REQUIRED			No
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

Inspector Name: SCHURE, KYM

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
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:

UIC/MIT performed SATISFACTORY Field Inspector Schure notified Operator that well was not to return to service without prior approval from COGCC Engineering regarding placement of packer approval. Operator notified COGCC Inspector Schure stating COGCC Engineer (Dirk Suthphin) had granted a verbal approval for returning well to service. NOTICE TO OPERATOR: ALL requests for UIC/MIT witnessing must include written notification allowing (10) days for scheduling by COGCC staff. Telephone communications requesting UIC/MIT witnessing will not be accepted. Form 21 attached.

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

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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			

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: 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

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: 11/21/2011
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: _____ Csg psi: 610 BH psi: _____

Insp. Status: Pass

Comment: Reset packer. Casing held 610psi. through last (10) minutes of (15) min. test duration. Loss or Gain during test - 10psi.

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 _____

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: Install and maintain BMP's for appropriate control.						
CA: _____						
Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
SATISFACTORY status of this Inspection Report is "ONLY" in regard to UIC/MIT results. ALL other/remaining corrective actions from previous Inspection Reports remain in effect.	schureky	10/15/2014

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
667200575	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3458428