

**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

Inspection Date:

05/16/2016

Document Number:

680300762

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	219053	312151	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
Quint, Craig		craig.quint@state.co.us	
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Compliance Summary:QtrQtr: NWNE Sec: 13 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)
08/19/2015	680300242	TA	TA	ACTION REQUIRED			No
07/30/2015	680300162	TA	TA	ACTION REQUIRED			No
11/06/2014	667200635	TA	TA	ACTION REQUIRED			No
08/12/2014	667200361	TA	TA	ACTION REQUIRED			No
07/23/2014	667200226	TA	TA	ALLEGED VIOLATION			Yes
08/07/2013	664001192	TA	TA	SATISFACTORY			No
07/09/2012	663300286	TA	TA	ACTION REQUIRED	I		No
06/16/2011	200312772	MI	SI	SATISFACTORY			No
07/26/2010	200263870	RT	TA	ACTION REQUIRED			No
08/04/2009	200215931	RT	TA	SATISFACTORY			No
04/22/2008	200130654	RT	TA	SATISFACTORY			No
06/20/2007	200115802	RT	SI	SATISFACTORY		Pass	No
06/08/2006	200091674	MI	SI	SATISFACTORY		Pass	No
07/05/2005	200074151	RT	SI	SATISFACTORY		Pass	No
08/26/2004	200059339	RT	TA	SATISFACTORY		Pass	No
04/02/2003	200037009	RT	SI	SATISFACTORY		Pass	No
07/18/2002	200028844	RT	SI	SATISFACTORY	P	Pass	No
08/01/2001	200018210	MI	SI	SATISFACTORY		Pass	No
08/04/2000	200008424	RT	TA	SATISFACTORY		Pass	No

Inspector Comment:

Routine UIC - Doc# 2001154 (5) yr. UIC/MIT 6/16/2011 indicates UIC/MIT due 6/16/2016. UIC/Routine Inspection could not be performed on date of this inspection report, broken valve remains in place, see Doc# 680300162. All compliance citations from FIR Doc# 667200361, 667200226, 667200635 and 680300162 remain unresolved. Current FIR pertains to UIC Routine Inspection- All previous compliance citations remain unresolved unless stated on FIR.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150215	UIC ENHANCED RECOVERY	AC	07/15/1969		-	LOGAN J SAND UNIT	AC	<input type="checkbox"/>
219053	WELL	TA	01/01/1999	ERIW	075-05875	NW GRAYLIN (LOGAN J 12-2W) 2-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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	Invalid signage.	Install sign to comply with rule 210.	07/19/2016

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: 07/19/2016

Comment: Signage is invalid, previous Operator of record no longer applicable.

Corrective Action: Install valid emergency contact information - no emergency contact information on signage

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:			
Type: Other	# 0	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Reference Doc# 680300162, Pressure gauge can not be place for UIC Routine Inspection.		
Corrective Action	Replace valve for adequate gauge placement required for UIC Routine Inspection. UIC Routine Inspection remains past due as of 6/17/2015.	Date:	6/17/2015

Venting:	
Yes/No	
Comment	

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

Predrill

Location ID: 219053

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 219053 Type: WELL API Number: 075-05875 Status: TA Insp. Status: TA

Underground Injection Control

UIC Violation: Other

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND

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: Broken valve at wellhead requires replacement for gauge placement to perform UIC Routine Inspection

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: ACTION

CA Date: 06/17/2015

CA: Contact COGCC Area Engineer.

Comment: UIC Routine Inspection could not be performed. Reference Doc# 680300162 for compliance record.

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. Waste and Debris removed? _____

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 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 REVEGETATIONCropland

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

Other

Other

S/A/V: SATISFACTOR

Corrective Date:

Y

Comment: No BMP's in use.

CA:

Pits:

☐ NO SURFACE INDICATION OF PIT