

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:
05/18/2016
Document Number:
680300773
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>219206</u>	<u>312167</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
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Burn, Diana		diana.burn@state.co.us	

Compliance Summary:

QtrQtr: NWSE Sec: 1 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)
09/09/2015	680300380	SI	SI	SATISFACTORY			No
08/24/2015	680300345	SI	SI	ACTION REQUIRED			No
08/19/2015	680300260	SI	SI	SATISFACTORY			No
11/10/2014	667200645	SI	SI	ACTION REQUIRED			No
09/16/2014	667200476	PR	PR	ACTION REQUIRED			No
07/23/2014	667200236	TA	WK	ALLEGED VIOLATION			Yes
06/02/2014	667200122	TA	TA	SATISFACTORY			No
08/08/2013	664001186	TA	TA	SATISFACTORY			No
07/11/2012	663300296	TA	TA	ACTION REQUIRED	I		No
05/03/2011	200309724	RT	TA	SATISFACTORY			No
05/24/2010	200253085	RT	TA	SATISFACTORY			No
04/22/2008	200130647	RT	TA	SATISFACTORY			No
06/20/2007	200115800	RT	TA	SATISFACTORY		Pass	No
06/08/2006	200091667	RT	TA	SATISFACTORY		Pass	No
07/05/2005	200074134	RT	TA	SATISFACTORY		Pass	No
08/26/2004	200058981	MI	TA	SATISFACTORY		Pass	No
04/02/2003	200036996	RT	TA	SATISFACTORY		Pass	No
07/18/2002	200028850	RT	TA	SATISFACTORY	P	Pass	No
08/23/2001	200019597	RT	TA	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

08/03/2000	200008438	RT	SI	SATISFACTORY	Pass	No
08/01/2000	200008436	RT	TA	SATISFACTORY	Pass	No

Inspector Comment:

UIC Routine Inspection - Current FIR pertains to UIC Routine, compliance citations from previous FIR's remain unresolved unless noted on FIR. Last Operator of record changed well status into PR and performed MIT on 9/9/2015. See: Doc# 680300380, 680300345, 680300260, 667200645, 667200476, 667200236, 667200122 and 664001186 for inspection history. Actual purpose/status of well uncertain on date of current FIR.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
219206	WELL	SI	12/14/2014	ERIW	075-06041	NW GRAYLIN (LOGAN J 4-7) 7-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

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): ACTION Corrective Date: 05/18/2016

Comment: Invalid emergency contact information

Corrective Action: Install sign to comply with rule 210

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:	SATISFACTORY
Comment:	No change in equipment		
Corrective Action:		Date:	

Venting:	
Yes/No	
Comment	

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

Predrill

Location ID: 219206

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: 219206 Type: WELL API Number: 075-06041 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 09/09/2015

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: No problems found

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: 05/18/2016

CA: Contact COGCC Area Engineer. Current status of well undetermined, PR or IJ. Please contact COGCC UIC Supervisor Bob Koehler for directives.

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. 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 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 _____

Inspector Name: SCHURE, KYM

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		Other				

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

Comment: No BMP's in place

CA: _____

Pits: NO SURFACE INDICATION OF PIT