

**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

<b>Equipment:</b>			
Type: Other	# 0	Satisfactory/Action Required:	<b>ACTION REQUIRED</b>
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

<b>Venting:</b>	
Yes/No	
Comment	

<b>Flaring:</b>	
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 Well**Purpose: ☐ 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 REVEGETATION**CroplandTop soil replaced Recontoured Perennial forage re-established Non-CroplandTop 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  
Y \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: No BMP's in use.

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**Attached Documents**

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

Document Num	Description	URL
680300762	INSPECTION APPROVED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3858707">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3858707</a>