

**FORM  
INSP**

Rev  
X/15

**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:

09/29/2016

Submitted Date:

09/30/2016

Document Number:

680301176

**FIELD INSPECTION FORM**

Loc ID 312151 Inspector Name: SCHURE, KYM On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 10380  
Name of Operator: BENCHMARK ENERGY LLC  
Address: PO BOX 8747  
City: PRATT State: KS Zip: 67124

**Findings:**

- 7 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Leonard, Mike		mike.leonard@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219053	WELL	TA	01/01/1999	ERIW	075-05875	NW GRAYLIN (LOGAN J 12-2W) 2-W	TA

**General Comment:**

UIC/MIT to Maintain SI/TA status. Loaded (12) bbls. water Casing pressure @ start = 355 psi. Casing pressure @ 5 min. = 345 psi. Casing pressure @ 10 min. = 332 psi. Casing pressure @ 15 min. = 314 psi. Loss or Gain = -41 psi. Failure Form 21 attached

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Two track		
Corrective ActionL		Date:	
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	ECN COGCC		
Corrective Action:		Date:	_____
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	_____		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Other	# 0		corrective date
Comment:	No change in surface equipment inventoried		
Corrective Action:		Date:	
<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

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

**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: 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: \_\_\_\_\_

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: \_\_\_\_\_ Csg psi: 314 BH psi: \_\_\_\_\_

Insp. Status: Fail Leak Type: \_\_\_\_\_

Comment: [See comments pg. 1 Loss or Gain = - 41 psi. continued to fall Failure](#)

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

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: [MIT performed to maintain SI/TA status. Failed See comments pg. 1](#)

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

**COGCC Comments**

Comment	User	Date
<a href="#">See comments pg. 1</a>	schureky	09/30/2016

**Attached Documents**

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

Document Num	Description	URL
680301177	Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3965905">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3965905</a>