

**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:

09/30/2016

Submitted Date:

09/30/2016

Document Number:

680301188

FIELD INSPECTION FORM

Loc ID 312159 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	
Leonard, Mike		mike.leonard@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219149	WELL	TA	01/01/1999	ERIW	075-05978	NW GRAYLIN D-SAND UNIT 18-W	TA

General Comment:

UIC/MIT performed to Maintain SI/TA status. Loaded well with (12) bbls. water. Casing pressure @ start = 356 psi. Casing pressure @ 5 min. = 344 psi. Casing pressure @ 10 min. = 322 psi. Casing pressure @ 15 min. = 304 psi. Loss or Gain = -52 psi. Failure Form 21 attached

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

Inspected Facilities

Facility ID: 219149 Type: WELL API Number: 075-05978 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: DSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/28/2012
 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: _____ BH psi: _____

Insp. Status: Fail Leak Type: _____

Comment: UIC/MIT Casing pressure @ start = 356 psi. Final Casing pressure = 304 psi. Failure See comments pg. 1

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: UIC/MIT performed to Maintain SI/TA status. See comments pg. 1

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
See comments pg. 1	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
680301189	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3965911