

**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:

07/26/2017

Submitted Date:

07/27/2017

Document Number:

680302152**FIELD INSPECTION FORM**

Loc ID 312157 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10380Name of Operator: BENCHMARK ENERGY LLCAddress: PO BOX 8747City: PRATT State: KS Zip: 67124**Status Summary:**

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

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Andrews, Dave		david.andrews@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Ash, Margaret		margaret.ash@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219142	WELL	IJ	02/05/2015	ERIW	075-05971	NW GRAYLIN D-SAND UNIT 5-W	IJ

General Comment:

UIC/Routine FIR performed. Last MIT 6/16/2011 Failed MIT 9/29/2016 CA status - unresolved. Doc# 680301180. Casing psi.= 0 w/light blow down immediate Tubing psi. = N/A Tubing not set up for testing. Operator of record does not have a valid e-mail contact address. Submitting to well file.

Location**Lease Road:**

Type	Access		
comment:	No maintenance or reclamation performed		
Corrective Action:		Date:	

Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

Corrective Action: _____ Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Equipment:**

			corrective date
Type: Other	# 1		
Comment:	Wellhead in place		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 219142 Type: WELL API Number: 075-05971 Status: IJ Insp. Status: IJ**Underground Injection Control**UIC Violation: Failed MIT 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: DSNDTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/16/2011

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

Comment: Casing psi. = 0 Slight blow died immediately Tubing psi. = not set up for testing. Last MIT 6/16/2011. Failed MIT 9/29/2016. Doc # 680301180

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	In Process	Other	In Process			

Comment: No stormwater erosion BMP's in use

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT