

**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: _____

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
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: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Satisfactory		
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	# 1		corrective date
Comment:	Wellhead in place		
Corrective Action:			Date:
Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility 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 _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>DSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/16/2011</u>
			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