

**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:

05/07/2018

Submitted Date:

05/08/2018

Document Number:

680303267

**FIELD INSPECTION FORM**

Loc ID 312195 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:**

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

**Contact Information:**

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

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219393	WELL	TA	01/01/1999	ERIW	075-06278	MOUNT HOPE UNIT W-52	TA

**General Comment:**

UIC/Routine FIR performed. Casing psi. = 0. Tubing psi. = 0. Last MIT 6/9/2014. Doc#200407068. CA's from previous FIR's remain unresolved.

**Inspected Facilities**

Facility ID: 219393 Type: WELL API Number: 075-06278 Status: TA Insp. Status: TA

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</u> (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>MDDY</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/09/2014</u>
			AnnMTReq: _____

Comment: Casing psi. = 0 w/slight blow down immediate. Tubing psi. = 0.

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

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

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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