

**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

Findings:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Operator Information:**OGCC Operator Number: 10380Name of Operator: BENCHMARK ENERGY LLCAddress: PO BOX 8747City: PRATT State: KS Zip: 67124**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 FacilitiesFacility ID: 219393 Type: WELL API Number: 075-06278 Status: TA Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: MDDYTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/09/2014

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