

**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:

680303268

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: SCHURE, KYM On-Site Inspection    
 312196 \_\_\_\_\_ 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
Andrews, Dave		david.andrews@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
219394	WELL	TA	12/01/2010	ERIW	075-06281	MOUNT HOPE UNIT W-36	TA

**General Comment:**

UIC/Routine FIR performed. Last UIC/MIT performed 07/27/2012. Doc#200357964 & 663300351. CA's from previous FIR's remain unresolved.

**Inspected Facilities**

Facility ID: 219394 Type: WELL API Number: 075-06281 Status: TA Insp. Status: TA

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ 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 _____	Previous Test Pressure _____	Inj Zone: <u>DSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/27/2012</u>
			AnnMTReq: _____

Comment: Casing psi. = 0 w/immediate blow-down. No tubing in place.

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

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

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

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

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

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