

**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:

06/28/2018

Submitted Date:

06/28/2018

Document Number:

688302137**FIELD INSPECTION FORM**

Loc ID 316914 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 7800Name of Operator: BEREN CORPORATIONAddress: 2020 N BRAMBLEWOOD STREETCity: WICHITA State: KS Zip: 67206**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Reynolds, Rodney	(620) 345-9878	reynoldsr@berexco.com	PRINCIPAL AGENT

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233166	WELL	IJ	07/27/2001	DSPW	121-05190	SCOTT 1-WD	AC

General Comment:Annual UIC MIT

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 620-345-9878

Corrective Action: Date:

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 233166 Type: WELL API Number: 121-05190 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ 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: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/12/2017

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: 0 BH psi: _____Insp. Status: Pass

Comment: Annual UIC MIT
 17-20 BBLs to load hole, not injecting at time of test
 Casing 0 psi prior to test
 0 min 370 psi
 5 min 370 psi
 10 min 370 psi
 15 min 370 psi
 0 psi on casing after test
 Form 21 is attached.

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead not plumbed to surface.

Corrective Action: _____ Date: _____

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688302138	Beren Scott UIC MIT Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4509833
688302139	Beren Scott 1-WD	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4509834