

**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 _____ Inspector Name: _____ On-Site Inspection
316914 _____ Sherman, Susan _____ 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: 7800
Name of Operator: BEREN CORPORATION
Address: 2020 N BRAMBLEWOOD STREET
City: WICHITA State: KS Zip: 67206

Findings:

- 5 Number of Comments
- 0 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

Location

Overall 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		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility 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: _____

BradenHead

Comment: Bradenhead not plumbed to surface.

Corrective Action: _____ Date: _____

Attached Documents

You 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