

**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:

06/27/2018

Submitted Date:

06/29/2018

Document Number:

691200230**FIELD INSPECTION FORM**Loc ID 317533 Inspector Name: Evins, Bret 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:**9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Precup, Jim		james.precup@state.co.us	
Reynolds, Rodney	(316) 337-8340	reynoldsr@berexco.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
239240	WELL	IJ	06/21/2014	ERIW	123-07027	MOYER UNIT 3-32	AC

**General Comment:**

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Access road to Moyer Unit 3-32 (05-123-07027) is adequate.		
Corrective Action	L	Date:	
Type	Main		
comment:	Main road to Moyer Unit battery is adequate. 5 UIC wells: 1.) Moyer Unit 11-29 (05-123-07033) 2.) Moyer Unit 13-29 (05-123-07029) 3.) Moyer Unit 15-29 (05-123-07023) 4.) Moyer Unit 3-32 (05-123-07027) 5.) Moyer Unit 11-32 (05-123-07034) 8-Producing wells: 1.) Moyer Unit 9-29 (05-123-07003) 2.) Moyer Unit 10-29 (05-123-07021) 3.) Moyer Unit 14-29 (05-123-07025) 4.) Moyer Unit 16-29 (05-123-07014) 5.) Moyer Unit 15-30 (05-123-05976) 6.) Moyer Unit 16-30 (05-123-05975) 7.) Moyer Unit 13-32 (05-123-07047) TA 8.) Moyer Unit 14-32 (05-123-07039) TA		
Corrective Action	L	Date:	
Overall Good: <input checked="" type="checkbox"/>			
Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type			
Comment:	Refer to FIR# 691200228 for complete fencing list for this facility.		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Deadman # & Marked	# 4	corrective date	
Comment:			
Corrective Action:			Date:
Type:	#		
Comment:	Refer to FIR# 691200228 for complete equipment list for this facility.		
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Sheltered wellhead.		

Corrective Action:		Date:	
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**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
			CENTRALIZED BATTERY		40.980338,-103.661201	
Comment:	This centralized battery serves 14 locations (317535, 405727, 317531, 317533, 317536, 317528, 317530, 317532, 317529, 317526, 317525, 317534, 317538, 317537). Refer to FIR# 691200228 for Tanks & Berms details.					
Corrective Action:					Date:	

**Paint**

Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 239240 Type: WELL API Number: 123-07027 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: 07/11/2013

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

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

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: 0

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

Comment: Used hydrotest pump truck, pressured casing with H2O to commence MIT.  
Pressure:  
Start: 360# (Stabilized)  
05 min: 360#  
10 min: 360#  
15 min: 360#  
Conclude test.  
Pressure Loss or Gain: 0#  
Reference: Form 42 #401680639 & MIT Form 21 #401681471.

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

**BradenHead**Comment: Bradenhead appears 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
691200231	Site photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4511097">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4511097</a>