

**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:

691200234

FIELD INSPECTION FORM

Loc ID 317531 Inspector Name: Evins, Bret On-Site Inspection 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:

- 9 Number of Comments
- 0 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	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
239236	WELL	IJ	02/01/2017	ERIW	123-07023	MOYER UNIT 15-29	AC

General Comment:

Location			
Lease Road:			
Type	Access		
comment:	Access road to Moyer Unit 15-29 (05-123-07023) is adequate.		
Corrective ActionL		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 ActionL		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: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type			
Comment:	Refer to FIR# 691200228 for complete fencing list for this facility.		
Corrective Action:		Date:	
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Sheltered wellhead.		
Corrective Action:		Date:	
Type:	#		
Comment:	Refer to FIR# 691200228 for complete equipment list for this facility.		

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	Date:	
Comment:			
Corrective Action:			Date:

Flaring:

Type		Date:	
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 239236 Type: WELL API Number: 123-07023 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: 2 BH psi: 0

Insp. Status: _____

Comment: Used hydrotest pump truck, pressured casing with H2O to commence MIT.
Pressure:
Start: 385# (Stabilized)
05 min: 385#
10 min: 385#
15 min: 385#
Conclude test.
Pressure Loss or Gain: 0#
Reference: Form 42 #401680707 & MIT Form 21 #401680740.

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
691200235	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4511099