

**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:

07/26/2017

Submitted Date:

07/31/2017

Document Number:

680302159

FIELD INSPECTION FORM

Loc ID 312204 Inspector Name: SCHURE, KYM 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: 10380
Name of Operator: BENCHMARK ENERGY LLC
Address: PO BOX 8747
City: PRATT State: KS Zip: 67124

Findings:

- 7 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
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
219493	WELL	SI	04/26/2013	ERIW	075-06414	MOUNT HOPE UNIT W-3	SI

General Comment:

[UIC/Routine FIR performed. Last UIC/MIT 8/15/2012 Operator does not have current valid e-mail address for reporting. Sending FIR to well-file.](#)

Location			
Lease Road:			
Type	Access		
comment:	No maintenance or reclamation performed		
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	Satisfactory		
Corrective Action:			Date:
Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 219493 Type: WELL API Number: 075-06414 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/15/2012
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Casing psi. = 0. Light blow down died immediately Tubing psi. = 0

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	In Process	Other	In Process			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT