

**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:

07/27/2017

Document Number:

680302151**FIELD INSPECTION FORM**
 Loc ID 312155 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 10380Name of Operator: BENCHMARK ENERGY LLCAddress: PO BOX 8747City: PRATT State: KS Zip: 67124**Status Summary:**

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

**Findings:**8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Andrews, Dave		david.andrews@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Ash, Margaret		margaret.ash@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219123	WELL	TA	04/26/2013	ERIW	075-05951	NW GRAYLIN D-SAND UNIT 4-W	TA

**General Comment:**

UIC/Routine FIR performed. Last MIT 6/16/2011 Casing psi. = 0 Tubing psi. = 0 Operator of record does not have a valid e-mail contact. Submitting to well file.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Lease road is not maintained or reclaimed		
Corrective Action		Date:	

Overall Good: ☐

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Satisfactory

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

Overall Good: ☐

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

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

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Steel pipe		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Other	# 1		
Comment:	Wellhead in place		
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 219123 Type: WELL API Number: 075-05951 Status: TA Insp. Status: TA

**Underground Injection Control**

UIC Violation: Other 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 0 Previous Test Pressure Last MIT: 06/16/2011  
Brhd: Pressure or inches of Hg Previous Test Pressure AnnMTReq:

Comment: Casing psi. = 0 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**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401356854	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4209896">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4209896</a>