

**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:

04/13/2020

Submitted Date:

04/22/2020

Document Number:

688307643**FIELD INSPECTION FORM**Loc ID 415505 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10722Name of Operator: KTM OPERATING LLCAddress: 1246 BAYOU LACARPE ROADCity: HOUMA State: LA Zip: 70360**Status Summary:**

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

Findings:5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
McCann, Randall	337-654-9804	rmccann@pcminc.com	Designated Agent
Oakes, Kevin	713-227-0391	kevin@d90energy.com	Designated Agent
Burn, Diana		diana.burn@state.co.us	COGCC Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
415730	WELL	SI	09/01/2017	OW	073-06404	CRAIG 6-4	SI

General Comment:

MIT Inspection, passed, operator to submit Form 21 electronically ASAP

From last inspection (#688307464): CA to update Form 7s was not done, MIT was done per this inspection.

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Equipment:**

Type: Bradenhead	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
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		
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Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 415730 Type: WELL API Number: 073-06404 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: MIT, Extreme Heat, 1 bbl to load
 Before pressure test: Casing 0 psi, Tubing 0 psi, Bradenhead-slight blow that died immediately
 0 min 350 psi
 5 min 350 psi
 10 min 350 psi
 15 min 350 psi
 After pressure test: Casing 0 psi, Tubing 10 psi, Bradenhead-dead
 Form 21 is attached, operator to submit Form 21 electronically ASAP

Corrective Action: **Update Form 7s.**

Date: _____

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
688307671	KTM Operating LLC, Craig 6-4	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5129401
688307692	Form 21 Craig 6-4	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5129402