

FORM
INSPRev
X/20

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:

07/12/2021

Submitted Date:

07/16/2021

Document Number:

688310844

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
309657 _____ Sherman, Susan _____ 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10722
Name of Operator: KTM OPERATING LLC
Address: 1246 BAYOU LACARPE ROAD
City: HOUMA State: LA Zip: 70360

Status Summary:

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

Findings:

7 Number of Comments
1 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
Vincent, Kenny	(337) 654-9404	kvincent@reagan.com	Principal Agent
Hecht, Jaime	832-531-1711	jaime.hecht@dynacloud.io	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
300637	WELL	SI	06/01/2018	OW	073-06365	CRAIG 12-33	SI

General Comment:

Bradenhead Inspection

Location

Overall Good:

Signs/Marker:

Type	BATTERY				
Comment:					
Corrective Action:				Date:	

Emergency Contact Number:

Comment:	337-654-9404				
Corrective Action:				Date:	

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	WELLHEAD				
Comment:	panels				
Corrective Action:				Date:	

Equipment:

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

Venting:

Yes/No					
Comment:					
Corrective Action:				Date:	

Flaring:

Type					
Comment:					
Corrective Action:				Date:	

Location Construction

Location ID: 300637 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective Action: _____

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 300637 Type: WELL API Number: 073-06365 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Submit Form 4 as directed by Rule 434.b.

Corrective Action: **434b. Temporary Abandonment. (1) A Well may be temporarily abandoned after passing a successful mechanical integrity test pursuant to Rule 417 upon approval of the Director, for a period not to exceed 6 months provided the hole is cased or left in such a manner as to prevent migration of oil, gas, water, or other substance from the formation or horizon in which it originally occurred. All Temporarily Abandoned Wells will be closed to the atmosphere with a swedge and valve or packer, or other approved method. The Well sign will remain in place. If an Operator requests temporary abandonment status in excess of 6 months the Operator will state the reason for requesting such extension and state plans for future operation. A Form 4, or other form approved by the Director, will be submitted annually stating the method the Well is closed to the atmosphere and plans for future operation. Subsequent mechanical integrity tests will be required at the frequency specified in Rule 417.**

Date: 08/16/2021

BradenHead

Date of Last Brhd Test: _____ Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____
End Surf Csg Pressure: _____

Comment: See attached Form 17 that the operator needs to sign and submit to COGCC within 10 days of test (7/23/2021).

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
688310883	KTM Craig 12-33	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480831
688310884	Form 17 Craig 12-33 (not signed by operator)	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480832