

**FORM  
INSP**

Rev  
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:

688310842

**FIELD INSPECTION FORM**

Loc ID 414280 Inspector Name: Sherman, Susan 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: 10722  
Name of Operator: KTM OPERATING LLC  
Address: 1246 BAYOU LACARPE ROAD  
City: HOUMA State: LA Zip: 70360

**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 |
| Quint, Craig   |                | craig.quint@state.co.us   |                 |
| Jaime Hecht    | 832-531-1711   | jaime.hecht@dynacloud.io  |                 |
| Wolfe, Stephen |                | stephen.wolfe@state.co.us |                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 414278      | WELL | IJ     | 07/10/2015  | DSPW       | 073-06391 | CRAIG 6-4 SWD | SI          |

**General Comment:**

Routine UIC Inspection and Bradenhead Inspection  
Operator needs to sign attached Form 17 and submit to COGCC database. Continue to monitor bradenhead and keep data on file.  
See inspection 700600271, 6/22/21, for the tank battery inspection.  
Verify that a Form 26 is needed/needs to be submitted for this well.

**Location**

Overall Good:

**Signs/Marker:**

|                    |               |       |  |
|--------------------|---------------|-------|--|
|                    | Type WELLHEAD |       |  |
| Comment:           |               |       |  |
| Corrective Action: |               | Date: |  |

Emergency Contact Number:

|                    |  |       |  |
|--------------------|--|-------|--|
| Comment:           | <input style="width: 95%;" type="text"/> |       |  |
| Corrective Action: | <input style="width: 95%;" type="text"/> | Date: | <input style="width: 80%;" type="text"/> |

Overall Good:

**Spills:**

| Type | Area | Volume |  |  |  |
|------|------|--------|--|--|--|
|      |      |        |  |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

|                    |                    |       |  |
|--------------------|--------------------|-------|--|
|                    | Type OTHER         |       |  |
| Comment:           | shed over wellhead |       |  |
| Corrective Action: |                    | Date: |  |
|                    | Type WELLHEAD      |       |  |
| Comment:           | panels             |       |  |
| Corrective Action: |                    | Date: |  |

**Equipment:**

|                          |     |       |  |  |                 |
|--------------------------|-----|-------|--|--|-----------------|
|                          |     |       |  |  | corrective date |
| Type: Bradenhead         | # 1 |       |  |  |                 |
| Comment:                 |     |       |  |  |                 |
| Corrective Action:       |     | Date: |  |  |                 |
| Type: Deadman # & Marked | # 4 |       |  |  |                 |
| Comment:                 |     |       |  |  |                 |
| Corrective Action:       |     | Date: |  |  |                 |

**Venting:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Yes/No             |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Flaring:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Location Construction**

Location ID: 414278 CDP: \_\_\_\_\_

Comment:

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

**Form 2A COAs:**

**Comment:** No problems seen.

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: 414278 Type: WELL API Number: 073-06391 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg -16 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: ABCK

TC: Pressure or inches of Hg 16 Previous Test Pressure \_\_\_\_\_ Last MIT: 02/23/2018

Brhd: Pressure or inches of Hg 14 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: Wells are down.

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

**BradenHead**

Date of Last Brhd Test: \_\_\_\_\_ Annual Brhd Completed? \_\_\_\_\_

Last Brhd Test Results Initial Surf Csg Pressure: \_\_\_\_\_ Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: \_\_\_\_\_

Comment: Bradenhead blew down through needle nose valve longer than just dying immediately. See attached Form 17 that the operator needs to sign and submit to COGCC within 10 days of test. 07/23/2021

Corrective Action: 420. FORM 17, BRADENHEAD TEST REPORT  
The Operator will submit results of Bradenhead tests to the Director within 10 days of completing the test either by filing a Form 17, Bradenhead Test Report or by another method approved by the Director or Commission. The Operator will include a wellbore diagram if not previously submitted or if the wellbore configuration has changed. The Director may request that the Operator collect samples for analysis of the Bradenhead gas and liquid along with production gas. The Operator will submit the results of any gas and liquid analysis collected using a Form 43. Date: \_\_\_\_\_

**Attached Documents**

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

| Document Num | Description                                    | URL   |
|--------------|--|---|
| 402750209    | INSPECTION SUBMITTED                           | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480840">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480840</a> |
| 688310874    | KTM Craig 6-4 SWD                              | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480827">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480827</a> |
| 688310881    | Form 17 Craig 6-4 SWD (not signed by operator) | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480828">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480828</a> |