

**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: _____**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:7 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
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.

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

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	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480840
688310874	KTM Craig 6-4 SWD	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480827
688310881	Form 17 Craig 6-4 SWD (not signed by operator)	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480828