

**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:

688310843

**FIELD INSPECTION FORM**
 Loc ID 309662 Inspector Name: Sherman, Susan On-Site Inspection ☐ 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:**

9 Number of Comments

3 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         |
|----------------|----------------|---------------------------|-----------------|
| Wolfe, Stephen |                | stephen.wolfe@state.co.us | COGCC Engineer  |
| Hecht, Jaime   | 832-531-1711   | jaime.hecht@dynacloud.io  |                 |
| Vincent, Kenny | (337) 654-9404 | kvincent@reagan.com       | Principal Agent |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 300642      | WELL | TA     | 04/01/2018  | OW         | 073-06370 | CRAIG 4-33    | TA          |

**General Comment:**

Bradenhead Inspection

Repair tubing valve that is broken and now it is open (see attached photo).

Contact COGCC Engineer for this area to discuss remediation/monitoring or the bradenhead pressure/blowdown on this well and for the annual Form 4 TA status requirement.

**205. OPERATOR REGISTRATION**

b. Form 1A, Designation of Agent.

(1) All Operators will file a Form 1A, Designation of Agent to designate:

A. A Principal Agent, who is an employee of the Operator; and

B. One or more agents that the Operator approves to serve as its representative(s).

(2) Form 1A designations will remain in effect until terminated in writing via a new Form 1A.

(3) All changes to the Form 1A will be immediately reported via a new Form 1A.

**Location**Overall Good: ☒

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

|                           |              |       |  |
|---------------------------|--------------|-------|--|
| Emergency Contact Number: |              |       |  |
| Comment:                  | 337-654-9404 |       |  |
| Corrective Action:        |              | Date: |  |

|                           |  |  |                  |
|---------------------------|--|--|------------------|
| <b>Good Housekeeping:</b> |  |  |                  |
| Type                      | OTHER  |  |                  |
| Comment:                  | See attached photo of wellhead where tubing valve is broken open.  |  |                  |
| Corrective Action:        | Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e. |  | Date: 07/30/2021 |

Overall Good: ☐

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                    |             |       |  |
|--------------------|-------------|-------|--|
| <b>Fencing/:</b>   |             |       |  |
| Type               | LOCATION    |       |  |
| Comment:           | barbed wire |       |  |
| Corrective Action: |             | Date: |  |
| Type               | WELLHEAD    |       |  |
| Comment:           | panels      |       |  |
| Corrective Action: |             | Date: |  |

|                          |     |       |                 |
|--------------------------|-----|-------|-----------------|
| <b>Equipment:</b>        |     |       | corrective date |
| Type: Pump Jack          | # 1 |       |                 |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |
| Type: Deadman # & Marked | # 4 |       |                 |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |
| Type: Bradenhead         | # 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             | NO |  |       |
| Comment:           |    |  |       |
| Corrective Action: |    |  | Date: |

**Flaring:**

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

**Inspected Facilities**Facility ID: 300642 Type: WELL API Number: 073-06370 Status: TA Insp. Status: TA**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

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

Corrective Action: Submit Form 4 as directed by Rule 434.b.

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.  
Well did not blow down in 30 minutes. C

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   |
|--------------|---|---|
| 402750214    | INSPECTION SUBMITTED                        | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480844">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480844</a> |
| 688310880    | KTM Craig 4-33                              | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480829">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480829</a> |
| 688310882    | Form 17 Craig 4-33 (not signed by operator) | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480830">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480830</a> |