

**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:

688310844**FIELD INSPECTION FORM**Loc ID 309657 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
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
300637	WELL	SI	06/01/2018	OW	073-06365	CRAIG 12-33	SI

General Comment:

Bradenhead Inspection

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

Document Num	Description	URL
402750216	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5480847
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