

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403194713

Date Received:

10/12/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10722

Name of Operator: KTM OPERATING LLC

Address: 2851 JOHNSTON ST PMB 550

City: LAFAYETTE State: LA Zip: 70503

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Vincent, Kenny

(337) 654-9404

kvincent@reagan.com

Hecht, Jaime

832-531-1711

jaime.hecht@dynacloud.io

Lee, Kris

krislee@skybeam.com

Boudreaux, Benjamin

Benjamin.Boudreaux@coag.gov

COGCC INSPECTION SUMMARY:

FIR Document Number: 688313129

Inspection Date: 09/14/2022

FIR Submit Date: 10/05/2022

FIR Status: _____

Inspected Operator Information:

Company Name: KTM OPERATING LLC

Company Number: 10722

Address: 2851 JOHNSTON ST PMB 550

City: LAFAYETTE State: LA Zip: 70503

LOCATION - Location ID: 309616

Location Name: CRAIG-613S55W Number: 34SWNE County: LINCOLN

Qtrqtr: SWNE Sec: 34 Twp: 13S Range: 55W Meridian: 6

Latitude: 38.875710 Longitude: -103.543150

FACILITY - API Number: 05-073-00 Facility ID: 294991

Facility Name: CRAIG Number: 7-34

Qtrqtr: SWNE Sec: 34 Twp: 13S Range: 55W Meridian: 6

Latitude: 38.875710 Longitude: -103.543150

CORRECTIVE ACTIONS:

1 CA# 165206

Corrective Action: Last approved Form 4 for TA status was in 2018.
Submit Form 4 requesting TA status.

Date: 04/13/2020

Response: CA COMPLETED

Date of Completion: 10/10/2022

Filed TA status on well. Form ID of TA=403191994. Made sure Form 7 had well in TA status as well. Eric

Operator Comment: Jacobson gave COAs that this well is designated inactive and additional actions are due by KTM

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Kristina Lee

Signed: _____

Title: Regulatory Consultant-KTM

Date: 10/12/2022 8:18:41 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files