

**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:

03/03/2023

Submitted Date:

03/10/2023

Document Number:

706700320

FIELD INSPECTION FORMLoc ID 309619 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10722

Name of Operator: KTM OPERATING LLC

Address: 2851 JOHNSTON ST PMB 550

City: LAFAYETTE State: LA Zip: 70503

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:

4 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
Jacobson, Eric		eric.jacobson@state.co.us	
Vincent, Kenny	(337) 654-9404	kvincent@reagan.com	Principal Agent
Lee, Kris		krislee@skybeam.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
295041	WELL	SI	08/01/2018	OW	073-06320	CRAIG 8-1	TA

General Comment:

MIT Inspection, FAILED

Form 21 is attached. Operator is to submit Form 21 (attached) electronically within 30 days.

LocationOverall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Bradenhead	# 1		corrective date
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	200 BBLS	STEEL AST		,
Comment:	May have H2S inside per last operator.				
Corrective Action:					Date:

Paint

Condition	<input type="text"/>
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Comment:				
Corrective Action:				Date:

AirsID

Wells Served By Facilities Above		API Number		AirsID	
API Number					
073-06320					
Venting:					
Yes/No		NO			
Comment:					
Corrective Action:				Date:	
Flaring:					
Type					
Comment:					
Corrective Action:				Date:	

Inspected FacilitiesFacility ID: 295041 Type: WELL API Number: 073-06320 Status: SI Insp. Status: TA**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned

Reminder: _____

Comment: Halde loaded hole with 5 bbls water
 Nitrogen cylinder to pressure hole
 0 min 330 psi
 5 min 315 psi
 10 min <300 psi
 FAILED
 Form 21 is attached. Operator is to submit Form 21 (attached) electronically within 30 days.

Corrective Action: **Repair and successfully retest or plug and abandon in 6 months.**Date: 09/11/2023**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
403343035	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6046699
706700327	KTM Craig 8-1 Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6046694
706700328	KTM Craig 8-1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6046695