

**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:

07/11/2025

Submitted Date:

07/12/2025

Document Number:

693808854

FIELD INSPECTION FORM

Loc ID 336394 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

ECMC Operator Number: 10775
Name of Operator: KT RESOURCES LLC
Address: 3381 WESTBROOK LANE
City: HIGHLANDS State: CO Zip: 80129

Findings:

- 11 Number of Comments
- 2 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
Labowskie, Steve		steve.labowskie@state.co.us	
Beasley, Nolan		nolan.beasley@state.co.us	UIC Lead
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Adams, Karen	(303) 886-8733	adams@kt-res.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232249	WELL	SI	03/01/2024	GW	103-09920	WRD UNIT 29-33	SI
259655	WELL	IJ	09/01/2022	DSPW	103-10113	WRD UNIT 29-33 WDW	SI

General Comment:

[Routine UIC inspection.](#)

Location

Lease Road:			
	Type Access		
comment:			
Corrective ActionL			Date:
	Type Main		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
	Type WELLHEAD		
Comment:	Sign on pump housing		
Corrective Action:			Date:
	Type TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
	Comment: 800-288-0560		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 2		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 2		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		

Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		40.110599,-108.186535
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	10	400 BBLs	HEATED STEEL AST		40.111128,-108.186902
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

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

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 232249 Type: WELL API Number: 103-09920 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Defined Inactive 02/29/2024

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 05/16/2024 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 8 Fluid Type: VAPOR

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file. 08/15/2025

Corrective Action: Submit Form 17 as directed by Rule 419.c Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Facility ID: 259655 Type: WELL API Number: 103-10113 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: OHCRK

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/25/2022

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 05/16/2024 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file. 08/15/2025

Corrective Action: Submit Form 17 as directed by Rule 419.c Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693808859	Inspection photos 7/11/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7139068