

**FORM
INSP**

Rev
X/15

**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:

11/22/2019

Submitted Date:

11/27/2019

Document Number:

688306388

FIELD INSPECTION FORM

Loc ID 455067 Inspector Name: Sherman, Susan 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:

OGCC Operator Number: 10660
Name of Operator: K3 OIL & GAS OPERATING COMPANY
Address: 24900 PITKIN RD STE 305
City: THE WOODLANDS State: TX Zip: 77386

Findings:

- 7 Number of Comments
- 0 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
Warmath, Alex	(832) 813-5985	alex.warmath@k3oil.com	CEO
Barnes, Henson	(832) 813-8571	henson.barnes@k3oil.com	Land Manager
Seligman, Eva	(832) 813-8558	eva.seligman@k3oil.com	Designated Agent
Rigas, John	(832) 813-8496	john.rigas@k3oil.com	President

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
455082	WELL	DG	05/29/2018		073-06743	CoBank 13-18	DG

General Comment:

Surface Cementing Inspection

Inspected Facilities

Facility ID: 455082 Type: WELL API Number: 073-06743 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: WW Rig 120 Pusher/Rig Manager: Alfredo/M Polley
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: NO Blind Ram: NO Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: 950 Safety Plan: YES

Drill Fluids

Management:

Lined Pit: YES Unlined Pit: YES Closed Loop: NO Semi-Closed Loop: NO
 Multi-Well: NO Disposal Location: on site

Comment: Surface TD 483', pipe set and welded to 450'
Surface casing changed to 13 3/8" per Form 4 #401651018
250 psi low BOP test
Signs are on order.

Corrective Action: _____ Date: _____

Cement

Cement Contractor

Contractor Name: HSI Contractor Phone: _____

Surface Casing

Cement Volume (sx): 430 Circulate to Surface: YES
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment: Cement Class Hcon 12, lead, and H325, tail, 72 bbls flush, 5 bbls back to pit

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
688306389	K3 Oil & Gas Operating CoBank 13-18	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5000871