

**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:

03/25/2020

Submitted Date:

03/30/2020

Document Number:

688307467**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:**11 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
Burn, Diana		diana.burn@state.co.us	COGCC Engineer
Oakes, Kevin	713-227-0391	kevin@d90energy.com	Designated Agent
McCann, Randall	337-654-9804	rmccann@pcminc.com	Designated 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:**

Routine Inspection

Form 7s and Form 4 TA status are delinquent. Last MIT was 10/16/2015.

**Location**Overall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 337-654-9404

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type	IGNITOR/COMBUSTOR		
Comment:	no combustor, just fence		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Equipment:**

Type: Prime Mover	# 1		corrective date
Comment:	gas engine		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	bridle removed		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	3	400 BBLs	STEEL AST		,	
Comment:						
Corrective Action:						Date:

**Paint**

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

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	4	200 BBLs	STEEL AST		,	
Comment:						
Corrective Action:		Date:				

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: same metal berms as crude oil tanks				
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 Facilities**Facility ID: 300637 Type: WELL API Number: 073-06365 Status: SI Insp. Status: SI**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_Comment: 6/18/2018 last production reported to COGCC database. Update Form 7s. No Form 4 TA for TA status.Corrective Action: Submit required Form 7(s) to COGCC per rule 309.  
Submit Form 4 as directed by Rule 319.bDate: 05/01/2020**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402357158	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5110548">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5110548</a>
688307577	KTM Operating Craig 12-33	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5110530">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5110530</a>