

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:
403172587

Date Received:
09/21/2022

FIR RESOLUTION FORM

Overall Status: CAC

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
<u>Hecht, Jaime</u>	<u>832-531-1711</u>	<u>jaime.hecht@dynacloud.io</u>
<u>Vincent, Kenny</u>	<u>(337) 654-9404</u>	<u>kvincent@reagan.com</u>
<u>Lee, Kris</u>		<u>krislee@skybeam.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688313124

Inspection Date: 09/14/2022

FIR Submit Date: 09/15/2022

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: 309662

Location Name: CRAIG-613S55W Number: 33NWNW County: LINCOLN

Qtrqr: NWN Sec: 33 Twp: 13S Range: 55W Meridian: 6
W

Latitude: 38.877920 Longitude: -103.568910

FACILITY - API Number: 05-073- -00 Facility ID: 300642

Facility Name: CRAIG Number: 4-33

Qtrqr: NWN Sec: 33 Twp: 13S Range: 55W Meridian: 6
W

Latitude: 38.877920 Longitude: -103.568910

CORRECTIVE ACTIONS:

1 CA# 164601

Corrective Action: Per inspection #688307644, "Submit Form 4 TA status....."

Date: 05/01/2020

Response: CA COMPLETED

Date of Completion: 09/21/2022

Form 4 has been submitted; form id 403168482 for TA status with updated wellbore including the CIBP set at 6240'.

Operator _____
Comment: _____

COGCC Decision: Approved via an AMI

COGCC Representative: 688313124 INSP (CA 1) Per inspection #688307644, "Submit Form 4 TA status....."...
APPROVED 9/22/2022 9/15/2022 KTM OPERATING LLC

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: 9/21/2022 8:15:51 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>
403172587	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files