

**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:

03/14/2023

Submitted Date:

03/14/2023

Document Number:

706700343

FIELD INSPECTION FORMLoc ID 309618 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:

10 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 |
|----------------|----------------|--------------------------|-----------------|
| Kosola, Jason | | jason.kosola@state.co.us | |
| Hecht, Jaime | 832-531-1711 | jaime.hecht@dynacloud.io | |
| 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 294988 | WELL | SI | 05/01/2022 | OW | 073-06319 | CRAIG 4-4 | SI |

General Comment:

MIT Inspection

Holes 1809-1842', packer at 1644'

LocationOverall Good: ☒

| | | | |
|----------------------|----------------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | DRILLING/RECOMP | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☐

| | | | |
|--------------------|--|----------|------------------|
| Spills: | | | |
| Type | Area | Volume | |
| Crude Oil | Treater | <= 1 bbl | |
| Comment: | Stained soil inside treater shed and on outside of treater but in containment. | | |
| Corrective Action: | Contact COGCC EPS. | | Date: 03/30/2023 |

In Containment: Yes

Comment: Operator said that a hot oil truck would clean up stained soils.

☐ Multiple Spills and Releases?

| | | | |
|--------------------|-----------|-------|--|
| Fencing/: | | | |
| Type | SEPARATOR | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |

| | | | |
|--------------------|--------------|-------|--|
| Corrective Action: | | Date: | |
| Type | TANK BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|-------------------------------|--------------------|-------|-----------------|
| | | | corrective date |
| Type: Bird Protectors | # 6 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 1 | | |
| Comment: | gas, propane | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Vertical Heater Treater | # 2 | | |
| Comment: | inside metal berms | | |
| Corrective Action: | | Date: | |
| Type: Emission Control Device | # 1 | | |
| Comment: | not on | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|-----------|---------|--------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CRUDE OIL | 2 | 400 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 produced water tanks | | | | |

| | | | | | | |
|--------------------|---|--|------------------|---------|--------|--|
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 3 | 200 BBLs | HEATED STEEL AST | | , | |
| Comment: | | Eastern tank was leaking from holes about 6-7' up tank. This tank was recently filled with freshwater for cementing last week. Operator will check integrity of other tanks with freshwater. | | | | |
| Corrective Action: | | | | | Date: | |

Paint

| | | | | | |
|------------------|--|--|--|--|--|
| Condition | | | | | |
| Other (Content) | | | | | |
| Other (Capacity) | | | | | |
| Other (Type) | | | | | |

Berms

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

Wells Served By Facilities AboveAirsID

| | | |
|------------|------------|--------|
| API Number | API Number | AirsID |
| 073-06404 | | |
| 073-06319 | | |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

Inspected FacilitiesFacility ID: 294988 Type: WELL API Number: 073-06319 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: MIT for casing repair
 No water needed to load hole
 Used rig pump
 0 psi casing, 0 psi tubing, 0 psi bradenhead
 0 min 415 psi
 5 min 415 psi
 10 min 415 psi
 15 min 415 psi
 0 lost
 Passed
 Form 21 is attached. Submit Form 21 electronically within 30 days of test.

Corrective Action: _____

Date: _____

WorkoverComment: Easter Colorado Rig 17

Corrective Action: _____

Date: _____

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

| Document Num | Description | URL |
|--------------|----------------------|---|
| 403346167 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6050068 |
| 706700372 | Form 21 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6050061 |
| 706700373 | KTM Craig 4-4 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6050062 |