

**FORM
INSP**Rev
05/11**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:

06/02/2016

Document Number:

673713244

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	204467	320687	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 46290Name of Operator: K P KAUFFMAN COMPANY INCAddress: 1675 BROADWAY, STE 2800City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
KPK		cogcc@kpk.com	

Compliance Summary:QtrQtr: NENE Sec: 16 Twp: 5S Range: 62W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/29/2015	673710510	IJ	SI	SATISFACTORY			No
06/02/2014	673703736	IJ	IJ	SATISFACTORY			No
07/19/2013	668300562	SI	SI	SATISFACTORY	P		No
06/19/2013	668300386	SI	SI	SATISFACTORY	P		No
09/21/2012	663400879	SI	SI	SATISFACTORY	P		No
07/23/2012	667600592	SI	SI	SATISFACTORY	P		No
08/21/2011	200318973	MI	SI	SATISFACTORY			No
07/15/2009	200214799	MI	AC	SATISFACTORY			No
08/08/2008	200194195	MI	AC	SATISFACTORY			No
04/02/2008	200129918	ES	AC	SATISFACTORY			No
07/13/2007	200114645	MI	AC	SATISFACTORY		Pass	No
07/18/2006	200096477	MI	AO	ACTION REQUIRED		Fail	No
08/30/2005	200075888	MI	SI	SATISFACTORY		Pass	No
07/26/2005	200074233	MI	AC	ACTION REQUIRED		Fail	Yes
08/03/2004	200057597	MI	AC	SATISFACTORY		Pass	No
08/27/2003	200043004	MI	AC	SATISFACTORY		Pass	No
08/09/2002	200029407	MI	AC	SATISFACTORY		Pass	No
08/06/2002	200029390	MI	AC	ACTION REQUIRED		Fail	Yes
07/10/2002	200028744	MI	AC	ACTION REQUIRED		Fail	Yes
06/29/2001	1064713	MI	AC	SATISFACTORY		Pass	No
08/02/2000	896117	MI	AC	SATISFACTORY		Pass	No

Inspector Name: Sherman, Susan

02/09/1995	500134494	MI	AC				
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Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
110594	PIT		09/23/1999		-	STATE 32-16		<input type="checkbox"/>
118987	PIT		09/23/1999		-	STATE 1-16 & 32-16		<input type="checkbox"/>
150142	UIC DISPOSAL	AC	10/26/1987		-	STATE 1-16	AC	<input type="checkbox"/>
204467	WELL	IJ	01/04/2002	DSPW	005-06552	STATE 1-16	SI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Inspector Name: Sherman, Susan

Equipment:				
Type: Deadman # & Marked	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,
S/AR		Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date	
Comment					

Venting:

Yes/No	
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:			Correct Action Date:

Predrill

Location ID: 204467

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** SATISFACTORY**Comment:** No COAs.**CA:** _____**Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____**Date:** _____**Comment:** _____**Staking:****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:

Facility

Facility ID: 204467 Type: WELL API Number: 005-06552 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 05/29/2015

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

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: Annual UIC MIT.
 Well is Shut In and not used.
 Initial tubing and casing 0 psi.
 Initial test pressure 558 psi
 5 min test pressure 558 psi
 10 min test pressure 558 psi
 15 min test pressure 558 psi
 0 psi lost/gained.
 MIT PASSED.
 Form 42 #401048644.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: open range

1003a. Waste and Debris removed? Pass

CM

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Inspector Name: Sherman, Susan

Overall Final Reclamation	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Operator contacted inspector on 5/26/2016 and 6/1/2016 to delay MIT because of muddy roads into location. Operator will move packer closer to perfs the next time they enter the well.	ShermaSe	06/03/2016

Attached Documents

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

Document Num	Description	URL
673713244	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3871000
673713252	KPK State 1-16 Annual UIC MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3870998