

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:

401195924

Date Received:

01/27/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 46290

Name of Operator: K P KAUFFMAN COMPANY INC

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Susana Lara-Mesa

303-825-4822

slaramesa@kpk.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 678300629

Inspection Date: 12/15/2016

FIR Submit Date: 12/20/2016

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: K P KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 318498

Location Name: SAM FUNAKOSHI UNIT B-62N67W Number: 36NWNE County: \_\_\_\_\_

Qtrqtr: NWNE Sec: 36 Twp: 2N Range: 67W Meridian: 6

Latitude: 40.098360 Longitude: -104.835610

FACILITY - API Number: 05-123-

-00

Facility ID: 445089

Facility Name: SAM FUNAKOSHI UNIT B 1 TANK BATTERY Number: \_\_\_\_\_

Qtrqtr: NWNE Sec: 36 Twp: 2N Range: 67W Meridian: 6

Latitude: 40.098360 Longitude: -104.835610

CORRECTIVE ACTIONS:

1 CA# 54657

Corrective Action: Submit form 27 to address removal of partly buried produced water vessel on site prior to removal as required by rules. Leaking pits and buried or partially buried produced water vessels shall be closed and remediated in accordance with Rules 909. and 910.

Date: 02/08/2017

Response: CA COMPLETED

Date of Completion: 01/03/2017

Operator  
Comment:

Completed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**2** CA# 54658

Corrective Action: When a spill/release is discovered during closure operations, operators shall report the spill/release on the Spill/Release Report, Form 19, in accordance with Rule 906

Date: 01/03/2017

Response: CA COMPLETED

Date of Completion: 01/03/2017

Operator  
Comment:

Completed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**3** CA# 54659

Corrective Action: Contact the Engineering Integrity department to discuss flowline testing requirements per Rule 1103. Refer to the 1101 and 1102 guidance document for further details.

Date: 01/03/2017

Response: CA COMPLETED

Date of Completion: 01/03/2017

Operator  
Comment:

Completed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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#### OPERATOR COMMENT AND SUBMITTAL

Comment:

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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Susana Lara-Mesa

Signed: \_\_\_\_\_

Title: VP of Engineering

Date: 1/27/2017 10:44:22 AM

### ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

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Total Attach: 0 Files