

**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:

08/24/2018

Submitted Date:

08/27/2018

Document Number:

680303735

FIELD INSPECTION FORM

Loc ID: 312189 Inspector Name: SCHURE, KYM On-Site Inspection: 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 46290
 Name of Operator: KP KAUFFMAN COMPANY INC
 Address: 1675 BROADWAY, STE 2800
 City: DENVER State: CO Zip: 80202

Findings:

8 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Lara-Mesa, Susana		cogcc@kpk.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219319	WELL	IJ	02/01/2018	ERIW	075-06173	KNUDSEN 4	UN

General Comment:

UIC Routine - 2018 - SATISFACTORY

Location

Lease Road:			
Type	Access		
comment:	Satisfactory		
Corrective Action:			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	Satisfactory		
Corrective Action:			Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment: _____

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Steel pipe		
Corrective Action:			Date:

Equipment:			corrective date
Type: Other	# 0		
Comment:	No change in equipment inventoried		
Corrective Action:			Date:

Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 219319 Type: WELL API Number: 075-06173 Status: IJ Insp. Status: UN

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-1</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
			Inj Zone: <u>JSND</u>
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>09/03/2015</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: _____

Comment: Tubing on vacuum Casing psi = 0

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	In Process	Other	In Process			

Comment: [Use BMP's for erosion management](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT