

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:
402170340

Date Received:
09/10/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

2 of 4 CAs from the FIR responded to on this Form

0 CA Completed
2 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 46290
Name of Operator: KP 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
<u>Susana Lara-Mesa</u>	<u>303-825-4822</u>	<u>slaramesa@kpk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693501284
Inspection Date: 09/05/2019 FIR Submit Date: 09/05/2019 FIR Status: _____

Inspected Operator Information:

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

LOCATION - Location ID: 318056

Location Name: CLEVELAND-62N67W Number: 28NESW County: WELD
Qtrqtr: NESW Sec: 28 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.107910 Longitude: -104.899150

FACILITY - API Number: 05-123-00 Facility ID: 240513

Facility Name: CLEVELAND Number: 3
Qtrqtr: NESW Sec: 28 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.107910 Longitude: -104.899150

CORRECTIVE ACTIIONS:

3 CA# 130179

Corrective Action: Install sign to comply with Rule 210.b. Date: _____

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: As shown in the photo taken by the inspector, the sign was on location at the time of inspection. Please see photo attached.

COGCC Decision: _____

COGCC
Representative:

4 CA# 130180

Corrective Action: Install sign to comply with Rule 210.b.

Date: _____

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: As shown in the photo taken by the inspector, the sign was on location at the time of inspection. Please see photo attached.

COGCC Decision: _____

COGCC
Representative:

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: Steve Hamilton

Signed: _____

Title: Field Supervisor

Date: 9/10/2019 4:18:43 PM

ATTACHMENT LIST

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

Document Number **Description**

402172114

Sign PIC

Total Attach: 1 Files