

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:
402181468

Date Received:
09/18/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed
0 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
-		dnr_cogccenforcement@state.co.us
Burn, Diana		diana.burn@state.co.us
Ash, Margaret		margaret.ash@state.co.us
KPK		slaramesa@kpk.com
Gomez, Jason		jason.gomez@state.co.us
Pesicka, Conor		conor.pesicka@state.co.us
-		dnr_cogccengineering@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 699500043
Inspection Date: 09/09/2019 FIR Submit Date: 09/09/2019 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: 318088

Location Name: LAURIDSON-61N67W Number: 18SWSE County: WELD
Qtrqtr: SWSE Sec: 18 Twp: 1N Range: 67W Meridian: 6
Latitude: 40.045700 Longitude: -104.929590

FACILITY - API Number: 05-123-00 Facility ID: 240584

Facility Name: LAURIDSON Number: 2-A
Qtrqtr: SWSE Sec: 18 Twp: 1N Range: 67W Meridian: 6
Latitude: 40.045700 Longitude: -104.929590

CORRECTIVE ACTIONS:

1 CA# 130317

Corrective Action: Contact the COGCC Area Engineer for next steps per Rule 912.b. Refer to the venting and flaring NTO for further details.

Date: 09/09/2019

Response: CA COMPLETED

Date of Completion: 09/11/2019

Operator Comment: Email was sent to COGCC Engineering addressing the issues and solutions. The slight leak was addressed on 09-11-2019. The date for the CA (09-09-2019) was set for a prior date to which the FIR was received (09-10-2019)

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: Mani Silva

Signed:

Title: Field Supervisor

Date: 9/18/2019 4:44:36 PM

ATTACHMENT LIST

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

Document Number **Description**

Document Number	Description

Total Attach: 0 Files