

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:
402200254

Date Received:
10/04/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 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
<u>Susana Lara-Mesa</u>	<u>303-825-4822</u>	<u>slaramesa@kpk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693501179
Inspection Date: 08/26/2019 FIR Submit Date: 08/26/2019 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: 317831

Location Name: NESSU-62N66W Number: 20NWSE County: WELD
Qtrqr: NWSE Sec: 20 Twp: 2N Range: 66W Meridian: 6
Latitude: 40.122050 Longitude: -104.797570

FACILITY - API Number: 05-123-00 Facility ID: 240034

Facility Name: NESSU Number: 15
Qtrqr: NWSE Sec: 20 Twp: 2N Range: 66W Meridian: 6
Latitude: 40.122050 Longitude: -104.797570

CORRECTIVE ACTIONS:

1 CA# 129659

Corrective Action: Comply with rule 603 f Date: 09/09/2019

Response: CA COMPLETED Date of Completion: 10/03/2019

Operator Comment: Unused belts, trash and weeds have been removed. Please see attached pictures.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 129660

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 09/26/2019

Response: CA COMPLETED

Date of Completion: 10/03/2019

Operator
Comment: CA is completed.

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: 10/4/2019 1:33:00 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402200261	CA PIC1
402200262	CA PIC2
402200263	CA PIC3

Total Attach: 3 Files