

**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:

11/13/2019

Submitted Date:

11/13/2019

Document Number:

697600591**FIELD INSPECTION FORM**Loc ID 318277 Inspector Name: GINTAUTAS, PETER On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 46290Name of Operator: KP KAUFFMAN COMPANY INCAddress: 1675 BROADWAY, STE 2800City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name | Phone | Email | Comment |
|-------------------|----------------|---------------|---------------------------------|
| Lara-Mesa, Susana | (303) 825-4822 | cogcc@kpk.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 241022 | WELL | PR | 06/01/2018 | OW | 123-08810 | NESSU 4 | EI |

General Comment:[well not colacted with production facilities and only well inspected in this report](#)

LocationOverall Good: ☒

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|----------------------|----------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☐

| | | | | | |
|----------------|------|--------|--|--|--|
| Spills: | | | | | |
| Type | Area | Volume | | | |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

| | | | |
|--------------------|-----------|-------|--|
| Fencing/: | | | |
| Type | PUMP JACK | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

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

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| Inspected Facilities | | | | | | | | | |
|----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 241022 | Type: | WELL | API Number: | 123-08810 | Status: | PR | Insp. Status: | EI |

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