

**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:

11/17/2020

Submitted Date:

11/20/2020

Document Number:

689805014

FIELD INSPECTION FORM

Loc ID 324612 Inspector Name: Waldron, Emily 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:

- 5 Number of Comments
- 2 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
Kauffman, KP		cogcc@kpk.com	All Inspections
Moran, Rick		rick.moran@state.co.us	
Leonard, Mike		mike.leonard@state.co.us	
Kellerby, Shaun		shaun.kellerby@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
212140	WELL	PR	08/01/2018	OW	057-06033	MCCALLUM UNIT 52	PR

General Comment:

Inspector on location with Rick Moran to respond to complaint document number 200449273. Complaint references venting and H2S odor at wellhead. Inspector used FLIR camera to record venting occurring at wellhead. No H2S odor observed by inspectors.

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	303-825-4822	Date:	
Corrective Action:			

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	YES		
Comment:	Venting observed at wellhead. FLIR video attached.		
Corrective Action:	Immediately cease venting/flaring. Submit Form 4 for review and approval to vent or flare.	Date:	11/20/2020

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 212140 Type: WELL API Number: 057-06033 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

