

**FORM
INSP**

Rev
X/20

**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:

02/22/2021

Submitted Date:

02/26/2021

Document Number:

689501120

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: Brown, Kari 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:

- 3 Number of Comments
- 1 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
MacLaren, Joe		joe.maclaren@state.co.us	
,		mknop@kpk.com	
, KPK		cogcc@kpk.com	All Inspections
Canfield, Chris		chris.canfield@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
472963	SPILL OR RELEASE	CL	08/04/2020		-	Facility #7 Consolidation Line	EI

General Comment:

[This is an environmental inspection. Any corrective actions from previous inspections that have not been addressed are still applicable. There were no operator or contract environmental personnel on location at the time of this field inspection.](#)

Inspected Facilities

Facility ID: 472963 Type: SPILL OR API Number: - Status: CL Insp. Status: EI

Environmental

Spills/Releases:

Type of Spill: _____ Estimated Spill Volume: _____

Comment: COGCC Inspection of Remediation Project No. 15771 found no evidence of remediation or site investigation on location. Per Initial Form 27 (Document #402456977) Operator was scheduled to commence remedial Work 10/12/2020.

Corrective Action: Submit a Supplemental Form 27 providing an update of any activity completed on site since the submittal of the Initial Form 27. If additional work has not been completed at the site, submit a Supplemental Form 27 with an updated timeline and workplan for commencing the site investigation/remediation.

Date: 11/29/2020

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well Complaint:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____ Comment: _____