

**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:

04/22/2021

Submitted Date:

04/22/2021

Document Number:

688500310

FIELD INSPECTION FORMLoc ID _____ Inspector Name: CANFIELD, CHRIS On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1675 BROADWAY, STE 2800

City: 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 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
Axelson, John		john.axelson@state.co.us	
Max Knop		mknop@kpk.com	
All Inspections		cogcc@kpk.com	

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 contractor personnel on location at the time of this inspection.

Environmental**Spills/Releases:**

Type of Spill: OIL

Estimated Spill Volume: _____

Comment: Open excavation.Oil observed on groundwater in the excavation.Operator has installed orange temporary construction fencing around the excavation, but that fencing is partially down.

Corrective Action: In accordance with Rule 912.a.(6) No later than 90 days after a Spill or Release is discovered Operator will submit a Form 19 Supplemental requesting closure pursuant to Rule 913.h and supported by adequate documentation to Demonstrate closure or a Form 27 Workplan with a timeline for investigation and closure of this release. If Remediation will continue under an approved Form 27, also submit a Form 19 ????.Supplemental requesting closure of this spill referencing the approved Remediation workplan.

Date: 04/17/2021

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: _____