

**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:

688500316

FIELD INSPECTION FORM

Loc ID 317916 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:

- 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
Axelson, John		john.axelson@state.co.us	
Max Knop		mknop@kpk.com	
KP Kaufman		cogcc@kpk.com	All Inspections

General Comment:

This is an environmental inspection of Spill/Release ID 479483. 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: _____

Estimated Spill Volume: _____

Comment: 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.

Corrective Action: Submit Initial Form 27.

Date: 05/20/2021

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: _____