

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402700428

Date Received:
05/25/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 4 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 46290
Name of Operator: KP KAUFFMAN COMPANY INC
Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
.		cogcc@kpk.com
		megan.adamczyk@state.co.us
		MKnop@kpk.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697502796
Inspection Date: 04/22/2021 FIR Submit Date: 04/27/2021 FIR Status: _____

Inspected Operator Information:

Company Name: KP KAUFFMAN COMPANY INC Company Number: 46290
Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 330021

Location Name: SIGG-62N62W Number: 28NESW County: _____
Qtrqr: NESW Sec: 28 Twp: 2N Range: 62W Meridian: 6
Latitude: 40.107360 Longitude: -104.331385

FACILITY - API Number: 05-123-00 Facility ID: 330021

Facility Name: SIGG-62N62W Number: 28NESW
Qtrqr: NESW Sec: 28 Twp: 2N Range: 62W Meridian: 6
Latitude: 40.107360 Longitude: -104.331385

CORRECTIVE ACTIONS:

2 CA# 150170

Corrective Action: After complying with Rule 1003.e.(1), Operator shall submit the following in the required FIRR response and it shall be submitted no later than 5/25/2021:

1) Attach a Weed Management Plan demonstrating how the Operator will continue to comply with weed management rules and regulations,
2) Describe in detail what weed management practices were implemented to control cheatgrass, field bindweed, Kochia, puncturevine and Canada thistle.

Date: 05/25/2021

Response: CA COMPLETED

Date of Completion: 05/25/2021

Operator Comment: Weed Management Plan Attached

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Max Knop

Signed: _____

Title: Gen Mangr of Air Quality

Date: 5/25/2021 5:23:45 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402700429	Weed Management Plan
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Total Attach: 1 Files