

**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:

07/20/2022

Submitted Date:

07/20/2022

Document Number:

700704417**FIELD INSPECTION FORM**Loc ID 324744 Inspector Name: Ramsey, Scott On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 46290Name of Operator: KP KAUFFMAN COMPANY INCAddress: 1700 LINCOLN ST STE 4550City: DENVER State: CO Zip: 80203**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:5 Number of Comments1 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
, COGCC		dnr_cogccengineering@state.co.us	engineering
KPK		vdizghinjili@kpk.com	
, KPK		cogcc@kpk.com	All inspections
Morgan, John		john.morgan@state.co.us	UIC Inspections
, COGCC		conor.pesicka@state.co.us	
KPK		rramos@kpk.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
272063	WELL	IJ	02/01/2022	ERIW	057-06454	MCCALLUM UNIT 182	IJ

General Comment:5 Year UIC MIT InspectionCasing start PSI 0 pressured casing to 640 PSI loss of PSI in 5 minute 590 PSI 10 minute 560 PSI. Operator decided to stop test at 10 minutes, because it was already failing after 10 minutes.Tubing Start and finish PSI 0B/H PSI 0

Inspected Facilities

Facility ID: 272063 Type: WELL API Number: 057-06454 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: Failed MIT Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: PRREB
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/08/2017
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 640 BH psi: 0

Insp. Status: Fail Leak Type: Casing

Comment: Start of test casing psi 640, 5 min 590 psi, 10 min 560 psi. Operator decided to stop test after 10 min because of test failing. Made operator S/I well. Informed operator to contact engineering

Corrective Action: S/I well and contact engineering with repair plan. Date: 07/27/2022

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
700704422	Photo log	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5809021