

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403357614

Date Received:

03/28/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Victoria Dizghinjili

Phone

303-825-4822

Email

vdizghinjili@kpk.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 691201653

Inspection Date: 03/17/2023

FIR Submit Date: 03/27/2023

FIR Status: _____

Inspected Operator Information:

Company Name: KP KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqr: NENW Sec: 13 Twp: 1N Range: 68W Meridian: 6

Latitude: 40.057203 Longitude: -104.954217

FACILITY - API Number: 05-123-

-00

Facility ID: 480994

Facility Name: UPRR 43 PAN AM I5

Number: _____

Qtrqr: NENW Sec: 13 Twp: 1N Range: 68W Meridian: 6

Latitude: 40.057203 Longitude: -104.954217

CORRECTIVE ACTIONS:

1 CA# 168592

Corrective Action: Operator is out of compliance with approved quarterly reporting schedule and rule Rule 913.e.(3), the next quarterly report was due 8/9/2022

Date: 08/09/2022

Response: CA COMPLETED

Date of Completion: 03/27/2023

Operator Comment: Form 27 quarterly report was submitted on 10/14/2022 indicating that only 2 samples exceeded site specific levels for Table 915-1 constituents (lead and arsenic) and resampling will be conducted. In addition, the Form 27 addressed previous COAs in the previous Form 27s and duplicate analytical data was removed. Staff returned the form to draft on 1/9/2023.

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: Craig Meis

Signed: _____

Title: Ex Director of EH Compl

Date: 3/28/2023 12:42:02 PM

ATTACHMENT LIST

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

Document Number **Description**

--	--

Total Attach: 0 Files