

State of Colorado
Energy & Carbon Management Commission



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

Document Number:
403591455

Date Received:
11/09/2023

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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	Phone	Email
<u>Victoria Dizghinjili</u>	<u>303-825-4822</u>	<u>vdizghinjili@kpk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699107496
Inspection Date: 10/04/2023 FIR Submit Date: 10/04/2023 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: 327344

Location Name: LOST CREEK STATE-64N62W Number: 36SWSW County: WELD
Qtrqtr: SWS Sec: 36 Twp: 4N Range: 62W Meridian: 6
W
Latitude: 40.263840 Longitude: -104.279200

FACILITY - API Number: 05-123-00 Facility ID: 246731

Facility Name: LOST CREEK STATE Number: 7
Qtrqtr: SWS Sec: 36 Twp: 4N Range: 62W Meridian: 6
W
Latitude: 40.263840 Longitude: -104.279200

CORRECTIVE ACTIONS:

1 CA# 183001

Corrective Action: Comply with Rule 606. Date: 10/20/2023

Response: CA COMPLETED Date of Completion: 10/20/2023

Operator Comment: Unused equipment and trash have been removed from location. Please see attached pictures.

COGCC Decision: Approved via an AMI

COGCC Representative:

[Empty text box for COGCC Representative]

2 CA# 183002

Corrective Action: Comply with Rule 606.

Date: 10/20/2023

Response: CA COMPLETED

Date of Completion: 10/20/2023

Operator Comment:

Weeds have been removed from location. Please see attached pictures.

[Empty text box for Operator Comment]

COGCC Decision: Approved via an AMI

COGCC Representative:

[Empty text box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty text box for Operator Comment]

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

Print Name: Victoria Dizghinjili

Signed: _____

Title: ET

Date: 11/9/2023 1:56:03 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403591455	FIR RESOLUTION SUBMITTED
403591461	Weeds and trash removed PIC

Total Attach: 2 Files