

**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:

12/12/2023

Submitted Date:

12/12/2023

Document Number:

702502209**FIELD INSPECTION FORM**Loc ID 324734 Inspector Name: Burchett, Kirby 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:**4 Number of Comments0 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 |
|----------------|----------------|------------------|---------|
| Kauffmann, KP  |                | cogcc@kpk.com    |         |
| Wilson, Justin | (970) 878-3825 | jrwilson@blm.gov |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 267590      | WELL | IJ     | 11/09/2022  | ERIW       | 057-06437 | MCCALLUM 173  | AC          |

**General Comment:****ECMC Inspection Report Summary**

On Tuesday, 12/12/2023, Inspector Kirby Burchett, was on location for a UIC Routine inspection at KP Kauffman Company Inc on the McCallum 173 well, Location #324734, in Jackson County, Colorado.

This location is within or in close proximity to a Parks and Wildlife (CPW) District with High Priority, NSO, Density and Other Consultation Habitat regulations.

Any Corrective Actions from previous Inspections are still applicable.

Annual UIC Routine inspection.

No follow up inspection is required.

**Location**Overall Good: ☐

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

Emergency Contact Number:

Comment: 303-825-4822 or 911

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                          |     |       |                 |
|--------------------------|-----|-------|-----------------|
| <b>Equipment:</b>        |     |       | corrective date |
| Type: Bradenhead         | # 1 |       |                 |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |
| Type: Deadman # & Marked | # 4 |       |                 |
| Comment:                 |     |       |                 |
| Corrective Action:       |     | Date: |                 |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Inspected Facilities**Facility ID: 267590 Type: WELL API Number: 057-06437 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: 310UIC Routine

Inj./Tube: Pressure or inches of Hg 300 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: PRREB

TC: Pressure or inches of Hg 45 Previous Test Pressure \_\_\_\_\_ Last MIT: 07/30/2021

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Injecting at time of inspection

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment: Operator is responsible for maintaining Best Management Practices (BMPs) to control vehicle tracking and potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT