

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
402537577

Date Received:
11/20/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

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

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

ECMC 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
<u>KPK</u>		<u>cogcc@kpk.com</u>
<u>Axelson, John</u>		<u>john.axelson@state.co.us</u>
<u>Max Knop</u>		<u>mknop@kpk.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 688500248
Inspection Date: 11/19/2020 FIR Submit Date: 11/20/2020 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: 333156

Location Name: JILLSON 'A'-62N68W Number: 21SWSE County: WELD
Qtrqr: SWSE Sec: 21 Twp: 2N Range: 68W Meridian: 6
Latitude: 40.118760 Longitude: -105.005970

FACILITY - API Number: 05-123-00 Facility ID: 240989

Facility Name: JILLSON 'A' Number: 1
Qtrqr: SWSE Sec: 21 Twp: 2N Range: 68W Meridian: 6
Latitude: 40.118760 Longitude: -105.005970

CORRECTIVE ACTIONS:

1 CA# 144534

Corrective Action: Stop the release of produced water, recover the free fluids, remove affected soils, and submit an Initial Form 19 Spill/Release Report. Date: 11/24/2020

Response: FACTUAL REVIEW REQUEST

Basis for Review: Findings are inappropriately tied to multiple wells

There is no active release of produced water from the Jillson A #1 well (API: 05-123-08777). KPK has verified flowline and surface casing integrity. Cause of fluid coming to surface is unknown.

Operator _____
Comment: _____

ECMC Decision: _____

ECMC 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 Qualilty Date: 11/20/2020 3:37:56 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402537577	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files