

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
403002148

Date Received:  
04/01/2022

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

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

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC 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>Galles, Jennifer</u>		<u>PrimaryContractor@marcomllc.net</u>
		<u>cogcc@kpk.com</u>
<u>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
<u>Rickard, Jeff</u>		<u>JRickard@kpk.com</u>
<u>Graber, Nikki</u>		<u>nikki.graber@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 690102901  
Inspection Date: 03/11/2022 FIR Submit Date: 03/17/2022 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: \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_  
Qtrqtr: NESW Sec: 21 Twp: 2N Range: 68W Meridian: 6  
Latitude: 40.124020 Longitude: -105.009606

FACILITY - API Number: 05-123- -00 Facility ID: 481725

Facility Name: Milton Nelson Number: \_\_\_\_\_  
Qtrqtr: NESW Sec: 21 Twp: 2N Range: 68W Meridian: 6  
Latitude: 40.124020 Longitude: -105.009606

CORRECTIVE ACTIONS:

1  CA# 160211

Corrective Action: \_\_\_\_\_ Date: 03/31/2022

Document information outlined below on the CA section of COGCC supplemental form 19 spill report to include the following (compliance of COGCC series 1100 flowline rules):

- 1) Outline root cause of failure resulting in spill (1104.k. Integrity Failure Investigation/Operator Determination)
- 2) Measures taken to prevent a recurrence of failure (1102.I Corrosion Control/ 1104. Integrity Management)
- 3) Description of flowline repair work completed (1102.j. Repair)
- 4) Confirm integrity of flowline repairs/ reconnections (via pressure testing) prior to returning flowline(s) to service (1102.j.4 and 1102.O)
- 5) Ensure flowline(s) are isolated and depressurized; associated wells and isolation valves are SI/ OOSLAT to prevent unintentional release per 1102.j.7 (at well/ facility prior to and during time of repair).

Response: CA COMPLETED

Date of Completion: 04/01/2022

Operator  
Comment:

Supplemental Form 19 submitted with this information. See Document 403002084, also attached.

ECMC Decision: **Not Approved**

ECMC  
Representative:

Corrective Actions have not been completed; no information entered in CA section of supplemental form 19 doc #403002084 submitted on 04/01/2022. In addition, no information communicated to COGCC Integrity Inspector.

#### 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: Jennifer Galles

Signed: \_\_\_\_\_

Title: Consultant

Date: 4/1/2022 1:29:21 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>
403002148	FIR RESOLUTION SUBMITTED
403002160	Form 19 Supplemental

Total Attach: 2 Files