

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:

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>
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403002148	FIR RESOLUTION SUBMITTED
403002160	Form 19 Supplemental

Total Attach: 2 Files