

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:
402705590

Date Received:
06/01/2021

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: 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

Ferrin, Jeremy

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Burn, Diana

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mike.leonard@state.co.us

Gomez, Jason

jason.gomez@state.co.us

jennifer.mattox@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 679603883

Inspection Date: 05/12/2021

FIR Submit Date: 05/28/2021

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: 332971

Location Name: HLADKY-O'GORMAN-62N66W Number: 21NWSW County: _____

Qtrqr: NWS Sec: 21 Twp: 2N Range: 66W Meridian: 6
W

Latitude: 40.121641 Longitude: -104.789440

FACILITY - API Number: 05-123-00 Facility ID: 332971

Facility Name: HLADKY-O'GORMAN-62N66W Number: 21NWSW

Qtrqr: NWS Sec: 21 Twp: 2N Range: 66W Meridian: 6
W

Latitude: 40.121641 Longitude: -104.789440

CORRECTIVE ACTIONS:1  CA# 151570

Corrective Action: Immediately cease venting. Submit Form 4 for review and approval to vent per Rule 903.d.(2).

Date: 05/14/2021

Response: FACTUAL REVIEW REQUESTBasis for Review: Corrective action dates are not attainable

Operator Comment: IR camera emissions observation from wellhead connection as documented in attached video does not qualify or meet the definition of venting.

CA due date recorded as 5/14/2021. Inspection report submittal/notification to operator was 5/28/2021.

ECMC Decision: Approved

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 QualityDate: 6/1/2021 5:07:12 PM**ATTACHMENT LIST**View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.**Document Number Description**

402705590	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files