

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:

404058585

Date Received:

01/15/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Victoria Dizghinjili

Phone

303-825-4822

Email

vdizghinjili@kpk.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715800462

Inspection Date: 12/27/2024

FIR Submit Date: 12/27/2024

FIR Status: _____

Inspected Operator Information:

Company Name: KP KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: 311287

Location Name: AMOCO ENERGY SMITS
UNIT C-62N66W

Number: 28NWNW

County: WELD

Qtrqtr: NWN Sec: 28 Twp: 2N Range: 66W Meridian: 6
W

Latitude: 40.114480 Longitude: -104.789960

FACILITY - API Number: 05-123-

-00

Facility ID: 240181

Facility Name: AMOCO ENERGY SMITS
UNIT C

Number: 1

Qtrqtr: NWN Sec: 28 Twp: 2N Range: 66W Meridian: 6
W

Latitude: 40.114480 Longitude: -104.789960

CORRECTIVE ACTIONS:

1 CA# 201339

Corrective Action: Install sign to comply with Rule 605.h.

Date: 01/27/2025

Response: CA COMPLETED

Date of Completion: 01/15/2025

Operator
Comment:

New tank label has been installed. Please see attached pictures.

ECMC Decision: _____

ECMC
Representative:

2 CA# 201340

Corrective Action: Measure gas per Rule 430.

Date: 01/27/2025

Response: CA COMPLETED

Date of Completion: 01/15/2025

Operator
Comment:

The meter is property of DCP. KPK sent a meter calibrate request and will provide ECMC with a picture when the meter will be calibrated.

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: Victoria Dizghinjili

Signed: _____

Title: ET

Date: 1/15/2025 10:24:19 AM

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>
404058585	FIR RESOLUTION SUBMITTED
404058600	New tank label PIC1
404058622	New tank label PIC2

Total Attach: 3 Files