

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

08/26/2025

Submitted Date:

08/26/2025

Document Number:

715801431

FIELD INSPECTION FORM

Loc ID 317972 Inspector Name: Revas, Robbie On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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

Findings:

- 11 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|-------|---------------|---------------------------------|
| | | cogcc@kpk.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 240287 | WELL | SI | 04/01/2021 | OW | 123-08075 | UPRR 43 PAN AM G 3 | SI |

General Comment:

[This is a field audit of the scout card, related documents and the location.](#)

Location

Overall Good:

| | | | |
|----------------------|----------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | adequate | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

| | | | |
|---------------------------|---|-------|------------|
| Good Housekeeping: | | | |
| Type | WEEDS | | |
| Comment: | Vegetation needs to be cut & removed from location. | | |
| Corrective Action: | Comply with rule 606. | Date: | 09/02/2025 |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|---|-------|--|
| Fencing/: | | | |
| Type | OTHER | | |
| Comment: | fabricated steel pipe around the ancillary equipment. | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | hog fence | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------|---|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Prime Mover | # 1 | | |
| Comment: | electric motor | | |
| Corrective Action: | | Date: | |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | electric panel, meter box & transformers. | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|----|-------|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 240287 Type: WELL API Number: 123-08075 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: SI, the well is part of a 901 Order.

Corrective Action: _____

Date: _____

BradenHead

Date of Last Brhd Test: 02/01/2024 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____

End Surf Csg Pressure: 0

Comment: submit test results to the ECMC, plumbed to surface.

Corrective Action: _____

Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

ECMC Comments

| Comment | User | Date |
|--|--------|------------|
| <p>ECMC Inspection Report Summary On Monday 8-26-2025 at approximately 1515 hrs. I, Inspector Robbie Revas, Conducted an audit of the well scout card & related forms followed by an onsite inspection: Operator: KP Kauffman Location # 317972 API # 05-123-08075 Well name: UPRR 43 Pan Am G3 County: Weld Weather: Cloudy Temp: 76* Location: Dry While there, I observed a wellsite, SI at the time of inspection. During this inspection the following possible compliance issues were observed: 606 Housekeeping: Vegetation needs to be cut & removed, CA date 9-2-2025. Any corrective actions from previous Inspections that have not been addressed are still applicable. See attached photos. A follow up on this site inspection will be conducted to ensure the Compliance issues have been corrected to comply with ECMC rules.</p> | revasr | 08/26/2025 |

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-----------------|---|
| 715801432 | Location photos | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7206200 |