



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404492413**
Date Submitted: **1/2/2026**
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Operator Information

Operator Number: 46290
Operator Name: KP KAUFFMAN COMPANY INC
Operator Address: 1700 LINCOLN ST STE 4550 ATTN: ROSS WATZMAN
Operator City: DENVER
Operator State: CO
Operator Zip: 80203
First Name: MANUEL
Last Name: SILVA
Contact Phone: (303) 825-4822
Contact Email: kborski@kpk.com

Monthly Report of Operation

Well Status & Production Provided:
Produced Water Provided:
Deep Geothermal Provided:

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: MANUEL SILVA
Title: MANAGER OF PRODUCTION OPERATIONS

Email: kborski@kpk.com

Phone: (303) 825-4822

Signature:

Manuel Silva

Associated Documents

404492414 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404492415 - FORM 7 SUBMITTED

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

