

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

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



Inspection Date:

03/05/2026

Submitted Date:

03/18/2026

Document Number:

707801921

FIELD INSPECTION FORM

Loc ID: 324665 Inspector Name: Ramsey, Scott On-Site Inspection: 2A Doc Num: _____

Status Summary:

THIS IS A FOLLOW UP INSPECTION

FOLLOW UP INSPECTION REQUIRED

NO FOLLOW UP INSPECTION REQUIRED

Findings:

5 Number of Comments

1 Number of Corrective Actions

Corrective Action Response Requested

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

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

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|-------|---------------|-----------------|
| , KPK | | cogcc@kpk.com | All inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 212300 | WELL | IJ | 01/01/2025 | ERIW | 057-06193 | MCCALLUM UNIT 106 | IJ |

General Comment:

[ECMC Inspection Report Summary](#)

On Thursday 3/5/2026, I, Inspector Scott Ramsey, conducted a routine inspection/audit at KPK McCallum 106 INJ, at Location # 324665 in Jackson County Colorado.

Any Corrective Actions from previous Inspections that have not been addressed are still applicable.

While there, I observed normal operations. This location is within or in close proximity to a CPW Density/High Priority Habitat, black bear, NSO habitat, Wildlife black bear Management and Density habitat.

During this inspection the following possible compliance issues were observed:

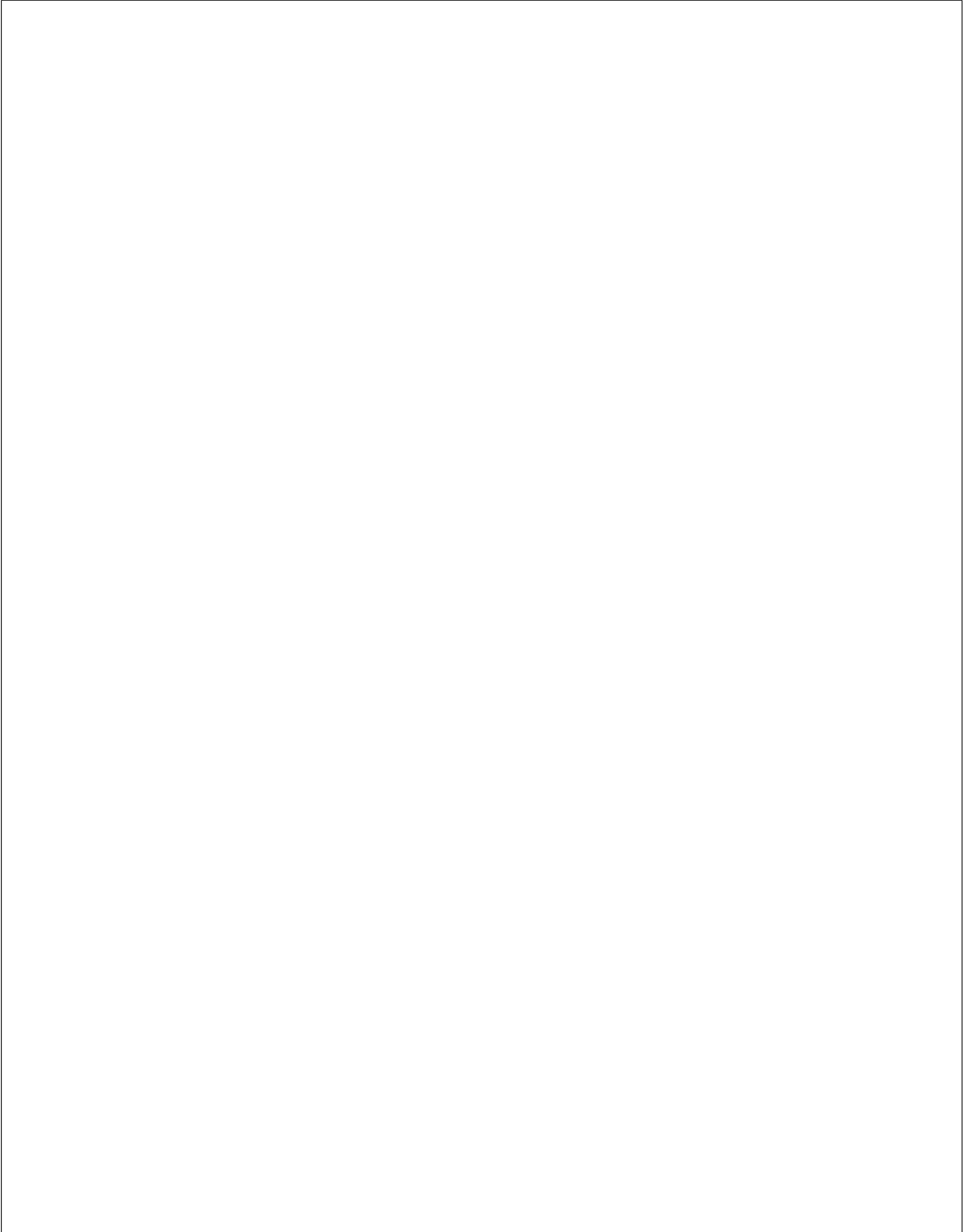
- Well signage lacks information.

Refer to photograph of observed compliance issue.

A follow up on this site inspection will be conducted to ensure the compliance issues have been corrected to comply with COGCC rules.

This is a summary of inspection report.

| Location | | | |
|--|---|--------|------------------|
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | 1. Well signage lacks information. Also is posted on well house witch is not on well. | | |
| Corrective Action: | A permanent sign will be conspicuously located at the wellhead and will identify: A. The Well name; B. The API number; and C. Its legal location, including the quarter/quarter section. When no associated Tank battery is present at the Oil and Gas Location, the following additional information is required on the Well sign: A. Name of the Operator; B. Telephone number at which the Operator can be reached at all times; C. Telephone number for local emergency services (911 where available); and D. The public road used to access the Well. | | Date: 04/18/2026 |
| Emergency Contact Number: | | | |
| Comment: | <input type="text" value="911/303-825-4822"/> | | Date: _____ |
| Corrective Action: | <input type="text"/> | | Date: _____ |
| Good Housekeeping: | | | |
| Type | DEBRIS | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | <input type="text"/> | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Equipment: | | | |
| Type: Other | # 1 | | corrective date |
| Comment: | Injection well | | |
| Corrective Action: | | | Date: _____ |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |



Inspected Facilities

Facility ID: 212300 Type: WELL API Number: 057-06193 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: PRREB

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 09/04/2024

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment:

Corrective Action: Date: _____

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

Attached Documents

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

| Document Num | Description | URL |
|--------------|----------------------|---|
| 404585667 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7485292 |
| 707801926 | Photo log | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7485287 |