

**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:  
04/14/2026  
Submitted Date:  
05/04/2026  
Document Number:  
714300380

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: Brown, Kari 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:**  
10 Number of Comments  
4 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
Clark, Lily	(303) 825-4822x150	lclark@kpk.com	Principal Agent
Motisi, Dan		dmotisi@kpk.com	KPK environmental
Burn, Diana		diana.burn@state.co.us	
Graber, Nikki		nikki.graber@state.co.us	
Chew, Cullen		cchew@kpk.com	KPK environmental
Ahmadian, Alexander		alexander.ahmadian@state.co.us	
		cogcc@kpk.com	All Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
484274	SPILL OR RELEASE	CL			-	David Howard Flowline Release	EI

**General Comment:**

This is an environmental inspection to determine progress on Spill ID 484274/Remediation Project No 40353. Any corrective actions from previous inspections, NOAVs, or COAs that have not been addressed are still applicable.

There were no operator or contract environmental personnel on location at the time of this field inspection.

Photos attached to document site conditions.

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

Type

TRASH

Comment:

Trash and other debris are being stored near the spill location and within the spill excavation. CA date from Insp Doc No 697602621.

Corrective Action:

Comply with housekeeping Rule 606.

Date: 03/07/2026

Overall Good:

**Spills:**

Type

Area

Volume

Comment:

Stained soil present adjacent to the spill area.

Corrective Action:

Comply with ECMC Rules. Operator shall immediately control and contain spills/releases and investigate, clean up and document impacts per Rule 912.a. Note: for any spills that do not meet the reporting requirements of Rule 912.b.; Operator shall provide documentation of the cleanup efforts (photo documentation and waste disposal manifests) to the Director per Rule 912.a.(5) - Operator may submit documentation via FIRR. Additionally, Operator shall properly handle, transport and dispose of E&P waste in accordance with 905 Series Rules.

Date: 05/11/2026

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 484274 Type: SPILL OR API Number: - Status: CL Insp. Status: EI

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: Excavation on location has been backfilled; Backfill material includes trash and other debris. Operator has not provided documentation that this spill has been remediated to Table 915-1 standards.

Corrective Action: Immediately submit a Form 27 documenting cleanup to Table 915-1 standards and justifying backfill at this location. Date: 05/05/2026

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well Complaint:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_ Comment: \_\_\_\_\_

**Waste Management:**

Type	Management	Condition	GPS (Lat)	(Long)	
	Comment	No E&P Waste stored on location.			
	Corrective Action				Date: _____

**Spill/Remediation:**

Comment: Quarterly reporting is required for Remediation Project # 40353. The Initial Form 27 was received on April 17, 2025 (Doc # 404148458). Operator has not submitted any Supplemental Form 27's for this remediation project.

Corrective Action: In accordance with Rule 913.e.(3), Operator will adopt and maintain a quarterly reporting schedule (90 days). Operator will maintain quarterly reporting until the site investigation is complete and the implementation schedule can be updated. Date: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**Attached Documents**

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

Document Num	Description	URL
404645458	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7536724">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7536724</a>
714300381	Inspection Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7536679">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7536679</a>