

**FORM  
INSP**

Rev  
X/15

**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:

12/14/2017

Submitted Date:

12/15/2017

Document Number:

678301303

**FIELD INSPECTION FORM**

Loc ID 318462 Inspector Name: GINTAUTAS, PETER 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:**

OGCC Operator Number: 46290  
Name of Operator: K P KAUFFMAN COMPANY INC  
Address: 1675 BROADWAY, STE 2800  
City: DENVER State: CO Zip: 80202

**Findings:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Lara-Mesa, Susana	(303) 825-4822	cogcc@kpk.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
241336	WELL	PR	03/02/1977	OW	123-09125	WELD COUNTY UNIT B 2	EI

**General Comment:**

[complaint 200444770 regarding oil spill around well battery not co-located with well and not inspected at this time](#)

**Location**

Overall Good:

**Signs/Marker:**

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

	Type PUMP JACK		
Comment:			
Corrective Action:		Date:	

**Equipment:**

					corrective date
Type: Pump Jack	# 1				
Comment:					
Corrective Action:		Date:			

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 241336 Type: WELL API Number: 123-09125 Status: PR Insp. Status: EI

**Environmental**

**Spills/Releases:**

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

Comment: complainant reported that pool of oil had been observed around well head and that operator responded by spreading dirt over spill. Visual and olfactory observations of inspector indicate oil soaked soils are present on location near well head at depths of approximately 6-8 inches.

Corrective Action: Investigate and determine if spill was reportable and why the free fluids on site were not cleaned up within 24 hours as required by rule, but instead were covered by addition of soils over the liquids. Report the results of that investigation to COGCC environmental staff within 72 hours. Remove any soils added to the site and ensure that table 910-1 thresholds are met within 30 days (15 January 2017)

Date: 12/18/2017

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: soil approx. 2 feet south of well head at approx. 6-8 inch depth

<b>Sample</b>		Sample Type: <u>SOIL GRAB</u>	
Time: <u>12/14/2017 09:46</u>	(MM/dd/yyyy hh:mm)	GPS: Lat _____	Long _____
BTEX: _____	TPH: <u>YES</u>	Anion: _____	Captions: _____
Dissolved Methane: _____		Composition: _____	Stable Isotopes: _____
8270: <u>YES</u>	RCRA Metals: _____	910-Metals: _____	8260: <u>YES</u>
Other: <u>DRO and Motor oil range - TPH</u>		PAH: _____	
Comment: _____			

<b>Sample</b>		Sample Type: <u>SOIL GRAB</u>	
Time: <u>12/14/2017 09:39</u>	(MM/dd/yyyy hh:mm)	GPS: Lat _____	Long _____
BTEX: _____	TPH: <u>YES</u>	Anion: _____	Captions: _____
Dissolved Methane: _____		Composition: _____	Stable Isotopes: _____
8270: <u>YES</u>	RCRA Metals: _____	910-Metals: _____	8260: <u>YES</u>
Other: _____		PAH: <u>YES</u>	
Comment: <span style="color: blue;">Diesel range and motor oil range organics - TPH</span>			

**Lab:**

Lab Name \_\_\_\_\_  
 ALS \_\_\_\_\_