

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401763112

Date Received:

11/20/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Susana Lara-Mesa

303-825-4822

slaramesa@kpk.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690100766

Inspection Date: 08/30/2018

FIR Submit Date: 08/31/2018

FIR Status: _____

Inspected Operator Information:

Company Name: KP KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqr: NESE Sec: 21 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.123878 Longitude: -104.999092

FACILITY - API Number: 05-123-00 Facility ID: 456892

Facility Name: Fac 4A Header Number: _____

Qtrqr: NESE Sec: 21 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.123878 Longitude: -104.999092

CORRECTIVE ACTIONS:

1 CA# 118343

Corrective Action:

Email information outlined below to COGCC Inspector and update supplemental form 19 to include the following:
1) Cause of off location flowline and/ or flowline header failure resulting in the release
2) Measures taken to prevent the problem from reoccurring
3) Detailed description of flowline/ header repairs completed (outline details of all repair/ replacement work completed)
4) Contact COGCC Inspector regarding upcoming scheduling of flowline pressure testing; provide flowline pressure testing chart/ data (post repair) to COGCC Inspector (via email) prior to returning off location flowline(s) to service.
(*also add information requested above to the CA section of the supplemental form 19).

Date: _____

Response: CA COMPLETED

Date of Completion: 09/28/2018

Operator
Comment: Corrective actions have been completed.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Susana Lara-Mesa

Signed:

Title: VP of Engineering

Date: 11/20/2018 4:52:54 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files