

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:

401983941

Date Received:

04/23/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 688401545
Inspection Date: 03/18/2019 FIR Submit Date: 03/18/2019 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: 317983

Location Name: COSSLETT-61N68W Number: 1SWSW County: WELD
Qtrqr: SWS Sec: 1 Twp: 1N Range: 68W Meridian: 6
W
Latitude: 40.075000 Longitude: -104.958780

FACILITY - API Number: 05-123-00 Facility ID: 240310

Facility Name: COSSLETT Number: 2
Qtrqr: SWS Sec: 1 Twp: 1N Range: 68W Meridian: 6
W
Latitude: 40.075000 Longitude: -104.958780

CORRECTIVE ACTIIONS:

1 CA# 123295

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 04/18/2019

Response: CA COMPLETED Date of Completion: 04/18/2019

Operator Comment: WH leaking has been fixed. Please see attached pictures.

COGCC Decision: _____

COGCC
Representative:

2 CA# 123296

Corrective Action: Properly treat or dispose of oily waste in accordance with 907.e.

Date: 04/18/2019

Response: CA COMPLETED

Date of Completion: 04/18/2019

Operator
Comment:

Stained soil around well head has been removed. Please see attached pictures.

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-Masa

Signed: _____

Title: VP of Engineering

Date: 4/23/2019 12:26:10 PM

ATTACHMENT LIST

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

Document Number **Description**

402017974	CA PIC1
402017975	CA PIC2

Total Attach: 2 Files