

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:
402285617

Date Received:
01/14/2020

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
<u>Max Knop</u>	<u>303-825-4822</u>	<u>mknop@kpk.com</u> <u>cogcc@kpk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 690101507
Inspection Date: 11/12/2019 FIR Submit Date: 11/15/2019 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: _____

Location Name: _____ Number: _____ County: _____
Qtrqtr: SENW Sec: 23 Twp: 1N Range: 67W Meridian: 6
Latitude: 40.038040 Longitude: -104.857837

FACILITY - API Number: 05-123-00 Facility ID: 469095

Facility Name: Facility #8 Consolidation Line Number: _____
Qtrqtr: SENW Sec: 23 Twp: 1N Range: 67W Meridian: 6
Latitude: 40.038040 Longitude: -104.857837

CORRECTIVE ACTIIONS:

1 CA# 134586

Corrective Action:

Date: 12/16/2019

Email information outlined below to COGCC Inspector and update CA section of supplemental form 19 spill report to include the following (pertaining to compliance of COGCC series 1100 flowline regulations):

- 1) Root cause of failure resulting in this release (operator determination)
- 2) Measures taken to prevent the problem from reoccurring
- 3) Written description of repairs completed (at spill ID #469095)
- 4) Post repair pressure testing to be witnessed by COGCC staff. Contact COGCC Inspector regarding upcoming scheduling of pressure testing; flowline pressure testing to be charted; satisfactory pressure test shall be completed by the operator prior to returning Facility 8 consolidation flowline to service.

Response: CA COMPLETED

Date of Completion: 12/18/2019

Operator
Comment:

Requested information provided to COGCC Inspector via email.

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: Max Knop

Signed: _____

Title: Gen Mangr of Air Quality

Date: 1/14/2020 2:19:39 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files