

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402459971

Date Received:
08/05/2020

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

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

0 CA Completed
1 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>Burn, Diana</u>		<u>diana.burn@state.co.us</u>
<u>Max Knop</u>	<u>303-825-4822</u>	<u>mknop@kpk.com</u>
<u>.</u>		<u>dnr_cogccenforcement@state.co.us</u>
<u>.KPK</u>		<u>cogcc@kpk.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699501620
Inspection Date: 08/04/2020 FIR Submit Date: 08/04/2020 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: 320326

Location Name: ZARLENGO-61S67W Number: 4SWNW County: ADAMS
Qtrqr: SWN Sec: 4 Twp: 1S Range: 67W Meridian: 6
W
Latitude: 39.995500 Longitude: -104.901489

FACILITY - API Number: 05-001-00 Facility ID: 203455

Facility Name: ZARLENGO Number: B1
Qtrqr: SWN Sec: 4 Twp: 1S Range: 67W Meridian: 6
W
Latitude: 39.995500 Longitude: -104.901489

CORRECTIVE ACTIIONS:

2 CA# 140982

Corrective Action: Contact the COGCC Area Engineer for next steps per Rule 912.b. Refer to the venting and flaring NTO for further details.

Date: 08/04/2020

Response: FACTUAL REVIEW REQUEST

Basis for Review: Findings are inappropriately tied to multiple wells

Operator Comment: KPK requests the CA be changed to reference rule 605.d and not 912.b. Gas produced from the associated well is being sold, not vented. Emissions observed during inspection are associated with the mechanical condition of the wellhead, not venting/flaring activity. KPK is addressing the issue and will submit a FIRR once the corrective action repairs/maintenance is complete and verified by AVO or FLIR Camera that no leaks are occurring on the entire wellhead.

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: 8/5/2020 9:55:50 AM

ATTACHMENT LIST

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

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

Total Attach: 0 Files