

State of Colorado  
Energy & Carbon Management Commission



Document Number:  
403591455

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

Date Received:  
11/09/2023

**FIR RESOLUTION FORM**

**Overall Status:**

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: 1700 LINCOLN ST STE 4550  
City: DENVER State: CO Zip: 80203

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Victoria Dizghinjili</u>	<u>303-825-4822</u>	<u>vdizghinjili@kpk.com</u>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 699107496  
Inspection Date: 10/04/2023 FIR Submit Date: 10/04/2023 FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: KP KAUFFMAN COMPANY INC Company Number: 46290  
Address: 1700 LINCOLN ST STE 4550  
City: DENVER State: CO Zip: 80203

**LOCATION** - Location ID: 327344

Location Name: LOST CREEK STATE-64N62W Number: 36SWSW County: WELD  
Qtrqtr: SWS Sec: 36 Twp: 4N Range: 62W Meridian: 6  
W  
Latitude: 40.263840 Longitude: -104.279200

**FACILITY** - API Number: 05-123-00 Facility ID: 246731

Facility Name: LOST CREEK STATE Number: 7  
Qtrqtr: SWS Sec: 36 Twp: 4N Range: 62W Meridian: 6  
W  
Latitude: 40.263840 Longitude: -104.279200

**CORRECTIVE ACTIONS:**

1 CA# 183001

Corrective Action: Comply with Rule 606. Date: 10/20/2023

Response: CA COMPLETED Date of Completion: 10/20/2023

Operator Comment: Unused equipment and trash have been removed from location. Please see attached pictures.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 183002

Corrective Action:

Date: 10/20/2023

Response: CA COMPLETED

Date of Completion: 10/20/2023

Operator  
Comment:

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: Victoria Dizghinjili

Signed: \_\_\_\_\_

Title: ET

Date: 11/9/2023 1:56:03 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403591461	Weeds and trash removed PIC
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Total Attach: 1 Files