

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

04/18/2024

Submitted Date:

04/18/2024

Document Number:

713300859

FIELD INSPECTION FORMLoc ID 328574 Inspector Name: Kester, Michael On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

3 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|--------------|--------------------------|-----------------|
| Silver, Randy | 720-827-6688 | randy.silver@state.co.us | |
| , KPK | 303-825-4822 | cogcc@kpk.com | all inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 248357 | WELL | PR | 09/01/2023 | OW | 123-16155 | STIEBER 24-24 | PR |

General Comment:

| | | | | | |
|--|------|--------|--|-------|--|
| Location | | | | | |
| Overall Good: <input type="checkbox"/> | | | | | |
| Emergency Contact Number: | | | | | |
| Comment: <input type="text"/> | | | | | |
| Corrective Action: <input type="text"/> | | | | | |
| Date: <input type="text"/> | | | | | |
| Overall Good: <input checked="" type="checkbox"/> | | | | | |
| Spills: | | | | | |
| Type | Area | Volume | | | |
| In Containment: No | | | | | |
| Comment: <input type="text"/> | | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | | |
| Venting: | | | | | |
| Yes/No | | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |
| Flaring: | | | | | |
| Type | | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

