

**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:

06/05/2025

Submitted Date:

06/05/2025

Document Number:

713302105

FIELD INSPECTION FORM

Loc ID 317790 Inspector Name: Kester, Michael On-Site Inspection 2A Doc Num: _____

Status Summary:

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

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

Findings:

- 11 Number of Comments
- 1 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 |
|---------------|--------------|--------------------------|---------------------------------|
| Revas, Robbie | | robbie.revas@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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 239974 | WELL | SI | 05/01/2021 | OW | 123-07762 | NESSU 1 | SI |

General Comment:

[well site nspection](#)

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|----------|-------|--|
| Type | WELLHEAD | | |
| Comment: | good | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
|------|------|--------|--|--|

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|-----------------------------------|-------|--|
| Type | PUMP JACK | | |
| Comment: | safety guards | | |
| Corrective Action: | | Date: | |
| Type | LOCATION | | |
| Comment: | post and wire | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | electric disconnect, metal panels | | |
| Corrective Action: | | Date: | |

Equipment:

| Type | Quantity | Comment | Corrective Action | Date | corrective date |
|---------------------|----------|--------------------|----------------------------|-------|-----------------|
| Pump Jack | # 1 | | | | |
| | | Comment: | | | |
| | | Corrective Action: | | Date: | |
| Ancillary equipment | # 3 | | | | |
| | | Comment: | electric/automation panels | | |
| | | Corrective Action: | | Date: | |
| Bradenhead | # 1 | | | | |
| | | Comment: | piped to surface | | |
| | | Corrective Action: | | Date: | |
| Prime Mover | # 1 | | | | |
| | | Comment: | electric | | |
| | | Corrective Action: | | Date: | |

Venting:

| | | | |
|--------------------|----|-------|--|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

