

**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:

03/21/2024

Submitted Date:

03/21/2024

Document Number:

702403215**FIELD INSPECTION FORM**Loc ID 318280 Inspector Name: Revas, Robbie On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 46290Name of Operator: KP KAUFFMAN COMPANY INCAddress: 1700 LINCOLN ST STE 4550City: DENVER State: CO Zip: 80203**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**13 Number of Comments2 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                         |
|--------------|-------|------------------|---------------------------------|
| ,            |       | cogcc@kpk.com    | <a href="#">All Inspections</a> |
| ,            |       | rwatzman@kpk.com | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|
| 241029      | WELL | SI     | 05/01/2021  | OW         | 123-08817 | THOMAS L RUSSELL 'B' 2 | SI          |

**General Comment:**[This is a wellsite inspection.](#)

**Location**Overall Good: ☒

|                      |  |       |  |
|----------------------|--|-------|--|
| <b>Signs/Marker:</b> |  |       |  |
| Type                 | WELLHEAD   |       |  |
| Comment:             | adequate, the sign is fading and will need to be replaced in the near future |       |  |
| Corrective Action:   |  | Date: |  |

|                           |  |  |             |
|---------------------------|--|--|-------------|
| Emergency Contact Number: |  |  |             |
| Comment:                  |  |  |             |
| Corrective Action:        |  |  | Date: _____ |

|                           |   |  |                  |
|---------------------------|---|--|------------------|
| <b>Good Housekeeping:</b> |   |  |                  |
| Type                      | DEBRIS  |  |                  |
| Comment:                  | Dead vegetation inside & outside of the wellsite fencing and around the WH. |  |                  |
| Corrective Action:        | Comply with Rule 606  |  | Date: 03/29/2024 |

Overall Good: ☐

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

|                    |   |  |       |
|--------------------|---|--|-------|
| <b>Fencing/:</b>   |   |  |       |
| Type               | WELLHEAD  |  |       |
| Comment:           | chainlink topped with barbwire                              |  |       |
| Corrective Action: |   |  | Date: |
| Type               | PUMP JACK   |  |       |
| Comment:           | fabricated angle iron                                       |  |       |
| Corrective Action: |   |  | Date: |
| Type               | OTHER   |  |       |
| Comment:           | Ancillary equip. has fabricated steel pipe and round stock. |  |       |
| Corrective Action: |   |  | Date: |

|                           |  |  |                 |
|---------------------------|--|--|-----------------|
| <b>Equipment:</b>         |  |  | corrective date |
| Type: Ancillary equipment | # 1                                      |  |                 |
| Comment:                  | electric panel, meter box & transformers |  |                 |
| Corrective Action:        |  |  | Date:           |
| Type: Prime Mover         | # 1                                      |  |                 |
| Comment:                  | electric motor                           |  |                 |
| Corrective Action:        |  |  | Date:           |
| Type: Pump Jack           | # 1                                      |  |                 |
| Comment:                  |  |  |                 |
| Corrective Action:        |  |  | Date:           |

|                        |     |       |  |
|------------------------|-----|-------|--|
| Type: Bradenhead       | # 1 |       |  |
| Comment:               |     |       |  |
| Corrective Action:     |     | Date: |  |
| <b><u>Venting:</u></b> |     |       |  |
| Yes/No                 | NO  |       |  |
| Comment:               |     |       |  |
| Corrective Action:     |     | Date: |  |
| <b><u>Flaring:</u></b> |     |       |  |
| Type                   |     |       |  |
| Comment:               |     |       |  |
| Corrective Action:     |     | Date: |  |

| Inspected Facilities    |        |   |      |  |           |             |       |               |    |            |
|-------------------------|--------|---|------|--|-----------|-------------|-------|---------------|----|------------|
| Facility ID:            | 241029 | Type:   | WELL | API Number:                                    | 123-08817 | Status:     | SI    | Insp. Status: | SI |            |
| Idle Well               |        |   |      |  |           |             |       |               |    |            |
| Purpose:                |        | <input checked="" type="checkbox"/> Shut In   |      | <input type="checkbox"/> Temporarily Abandoned |           | Reminder:   |       |               |    |            |
| Comment:                |        | <div>SI since 5-2021 &amp; last produced 4/2021. Well is overdue for Mechanical Integrity Test. MIT requires 10-day notification via Form 42. Well plugging requires an approved Form 6 Intent to Abandon to Plug Well.</div> |      |  |           |             |       |               |    |            |
| Corrective Action:      |        | <div>Produce well after performing successful mechanical integrity test per Rule 417 or plug well. To maintain shut-in status, the well must be able to demonstrate ability to produce without mechanical intervention.</div> |      |  |           |             | Date: |               |    | 04/21/2024 |
| BradenHead              |        |   |      |  |           |             |       |               |    |            |
| Date of Last Brhd Test: |        | 10/19/2023  |      | Annual Brhd Completed?                         |           | Yes         |       |               |    |            |
| Last Brhd Test Results  |        | Initial Surf Csg Pressure:  |      | 0  |           | Fluid Type: |       |               |    |            |
|                         |        | End Surf Csg Pressure:  |      | 0  |           |             |       |               |    |            |
| Comment:                |        | <div>Plumbed to surface</div>   |      |  |           |             |       |               |    |            |
| Corrective Action:      |        |   |      |  |           |             | Date: |               |    |            |

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**COGCC Comments**

| Comment  | User   | Date       |
|--|--------|------------|
| <p>ECMC Inspection Report Summary</p> <p>On Thursday 2-21-2024 at approximately 1350 hrs. I, Inspector Robbie Revas, Conducted an on-site inspection: This Field Inspection is due to a 901 order.</p> <p>Operator: KP Kauffman</p> <p>Location name:</p> <p>Location ID # 318280</p> <p>Well Name: Thomas L Russell 'B' 2</p> <p>API # 05-123-08817</p> <p>County: Weld</p> <p>Weather: Sunny/Clear</p> <p>Location: Mostly dry.</p> <p>While there, I observed a wellsite, SI at the time of the inspection.</p> <p>During this inspection, I observed the following possible compliance issues:</p> <p>606 housekeeping: Debris, CA date 3-29-2024.</p> <p>417.b MIT: Shut in wells, CA date 4-21-2024.</p> <p>See attached photos.</p> <p>A follow up site inspection is needed to ensure that the addressed Compliance issues comply with ECMC rules.</p> <p>Any Corrective Actions from previous inspections not addressed are still applicable.</p> | revasr | 03/21/2024 |

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 403728149    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6477219">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6477219</a> |
| 702403216    | Location photos      | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6477208">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6477208</a> |