

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

401277371

Date Received:

05/08/2017

FIR RESOLUTION FORM

Overall Status: BOTH

CA Summary:

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

1 CA Completed  
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10459

Name of Operator: EXTRACTION OIL & GAS LLC

Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

Leonard, Mike COGCCInspections@extractionog.com

mike.leonard@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 682402049

Inspection Date: 05/02/2017

FIR Submit Date: 05/04/2017

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: EXTRACTION OIL & GAS LLC

Company Number: 10459

Address: 370 17TH STREET SUITE 5300

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 440224

Location Name: BURROUGHS SOUTH SENE Number: PAD #1 County: \_\_\_\_\_

Qtrqtr: SENE Sec: 14 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.574481 Longitude: -104.621094

FACILITY - API Number: 05-123-00 Facility ID: 440224

Facility Name: BURROUGHS SOUTH SENE Number: PAD #1

Qtrqtr: SENE Sec: 14 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.574481 Longitude: -104.621094

CORRECTIVE ACTIONS:

1 CA# 74729

Corrective Action: Comply with Rule 603.f using the Rule 603.f guidance document for further details.

Date: 06/01/2017

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

Operator Comment: Supplies are being brought to pad in preparation for upcoming completions activities.

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

COGCC  
Representative: \_\_\_\_\_

**2** CA# 74730

Corrective Action: Submit required notice as per Rule 316C.

Date: 05/08/2017

Response: CA COMPLETED

Date of Completion: 05/08/2017

Operator Comment: Form 42 Submitted under the following Doc. numbers:  
BN 1: 401121882  
BN 4: 401121883  
BS 10: 401121884  
BS 11: 401121885  
BS 12: 401121886  
BS 13: 401121887

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: Josh Carlisle

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

Title: EHSR Manager

Date: 5/8/2017 2:52:35 PM

### 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>
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Total Attach: 0 Files