

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 ACTIIONS:

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.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files