

**FORM
INSP**Rev
X/15**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:

06/09/2017

Submitted Date:

06/09/2017

Document Number:

674200114**FIELD INSPECTION FORM**
 Loc ID 443649 Inspector Name: Gomez, Jason On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10459Name of Operator: EXTRACTION OIL & GAS LLCAddress: 370 17TH STREET SUITE 5300City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:20 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Adamczyk, Megan		megan.adamczyk@state.co.us	
,		COGCCinspections@extracti onog.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
443645	WELL	PR	09/01/2016	LO	123-42313	Johnson Trust 9	PR
443646	WELL	PR	09/01/2016	LO	123-42314	Johnson Trust 3	PR
443647	WELL	PR	09/01/2016	LO	123-42315	Johnson Trust 8	PR
443648	WELL	PR	09/01/2016	LO	123-42316	Johnson Trust 6	PR
443650	WELL	PR	09/01/2016	LO	123-42317	Johnson Trust 7	PR
443651	WELL	PR	09/01/2016	LO	123-42318	Johnson Trust 2	PR
443652	WELL	PR	09/01/2016	LO	123-42319	Johnson Trust 1	PR
443653	WELL	PR	09/01/2016	LO	123-42320	Johnson Trust 4	PR
443654	WELL	PR	09/01/2016	LO	123-42321	Johnson Trust 5	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	WELLHEAD			
Comment:	AG PANEL FENCING			
Corrective Action:			Date:	
Equipment:				corrective date
Type: Bird Protectors	# 17			
Comment:				
Corrective Action:			Date:	
Type: Pig Station	# 1			
Comment:				
Corrective Action:			Date:	
Type: Horizontal Separator	# 1			
Comment:				
Corrective Action:			Date:	
Type: Emission Control Device	# 8			
Comment:				
Corrective Action:			Date:	
Type: Plunger Lift	# 9			
Comment:				
Corrective Action:			Date:	
Type:	#			
Comment:				
Corrective Action:			Date:	
Type: Horizontal Heated Separator	# 9			
Comment:				
Corrective Action:			Date:	
Type: Gas Meter Run	# 3			
Comment:				
Corrective Action:			Date:	
Type: Compressor	# 3			
Comment:				
Corrective Action:			Date:	
Type: Vertical Separator	# 6			
Comment:				
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
USED OIL	1	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	10	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
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Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	443645	Type:	WELL	API Number:	123-42313	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
Corrective Action:						Date:			
BradenHead									
Comment:	PLUMBED TO SURFACE PRESSURE MONITORED SCADA								
Corrective Action:						Date:			
Facility ID:	443646	Type:	WELL	API Number:	123-42314	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
Corrective Action:						Date:			
BradenHead									
Comment:	PLUMBED TO SURFACE PRESSURE MONITORED SCADA								
Corrective Action:						Date:			
Facility ID:	443647	Type:	WELL	API Number:	123-42315	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
Corrective Action:						Date:			
BradenHead									
Comment:	PLUMBED TO SURFACE PRESSURE MONITORED SCADA								
Corrective Action:						Date:			
Facility ID:	443648	Type:	WELL	API Number:	123-42316	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
Corrective Action:						Date:			
BradenHead									
Comment:	PLUMBED TO SURFACE PRESSURE MONITORED SCADA								
Corrective Action:						Date:			
Facility ID:	443650	Type:	WELL	API Number:	123-42317	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
Corrective Action:						Date:			

BradenHead			
Comment: <u>PLUMBED TO SURFACE PRESSURE MONITORED SCADA</u>		Date: _____	
Corrective Action: _____		Date: _____	
Facility ID: <u>443651</u>	Type: <u>WELL</u>	API Number: <u>123-42318</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>		Date: _____	
Corrective Action: _____		Date: _____	
BradenHead			
Comment: <u>PLUMMBED TO SURFACE PRESSURE MONITORED SCADA</u>		Date: _____	
Corrective Action: _____		Date: _____	
Facility ID: <u>443652</u>	Type: <u>WELL</u>	API Number: <u>123-42319</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>		Date: _____	
Corrective Action: _____		Date: _____	
BradenHead			
Comment: <u>PLUMMBED TO SURFACE PRESSURE MONITORED SCADA</u>		Date: _____	
Corrective Action: _____		Date: _____	
Facility ID: <u>443653</u>	Type: <u>WELL</u>	API Number: <u>123-42320</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>		Date: _____	
Corrective Action: _____		Date: _____	
BradenHead			
Comment: <u>PLUMBED TO SURFACE PRESSURE MONITORED SCADA</u>		Date: _____	
Corrective Action: _____		Date: _____	
Facility ID: <u>443654</u>	Type: <u>WELL</u>	API Number: <u>123-42321</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>PR</u>		Date: _____	
Corrective Action: _____		Date: _____	

Complaint

Comment:

Complaint Received June 6, 2017

Field Inspector Assigned: Jason E. Gomez

Complaint Received:

Date: 6-9-2017 Time 0900 Hrs

Contacted by Complaint Specialist per Complaint Response forms

Date:

Well Number#: Location #: 443649

Inspection Document #: 674200114

Nature of complaint: Noise

Field Inspector Actions:

On 6-8-2017, I was contacted by complaint specialist Megan Adamczyk in reference to several complaints received by the COGCC about noise occurring in the area of the Johnson Trust wells in the Frederick Area.

On 6-9-2017, I performed a complete site inspection of the location. At the time of inspection, I could hear a high pitch sound coming from the separators on location. I spoke with the lease operator on location and he indicated the sound was gas flowing through the chokes. I did not perform a sound study at the time of inspection due to the heavy equipment being used at location at the time of the inspection would skew the sound study results. I spoke with Josh Carlisle from Extraction and he indicated Extraction would get a third party sound study performed at the location.

All information reviewed and site inspection information were submitted to the complaint specialist for further review.

Corrective Action:

Date:

BradenHead

Comment:

PLUMMBED TO SURFACE PRESSURE MONITORED SCADA

Corrective Action:

Date:

Environmental	
Spill/Remediation:	
Comment:	
Corrective Action:	Date:
Emission Control Burner (ECB): YES	
Comment:	
Pilot: ON	Wildlife Protection Devices (fired vessels): YES

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

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: IRRIGATED

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____ In _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____ In Process _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____ In Process _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____ In _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____ Pass _____

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____ Pass _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: <u>IRRIGATED</u>	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Well plugged _____	Pit mouse/rat holes, cellars backfilled _____
Debris removed _____	No disturbance /Location never built _____
Access Roads _____	Regraded _____
_____	Contoured _____
Gravel removed _____	Culverts removed _____
Location and associated production facilities reclaimed _____	
Locations, facilities, roads, recontoured _____	
Compaction alleviation _____	Dust and erosion control _____
Non cropland: Revegetated 80% _____	Cropland: perennial forage _____
Weeds present _____	Subsidence _____
1004.d. FINAL VEGETATION TRANSECT	
TRANSECT RESULTS OF DISTURBED AREA% _____	
TRANSECT RESULTS OF REFERENCE AREA% _____	
TOTAL % OF DESIRABLE VEGETATION COVER _____	
VEGETATIVE COVER _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/> Multi-Well Location <input type="checkbox"/>

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Compaction	Pass			
Gravel	Pass					
Ditches	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits:

☒ NO SURFACE INDICATION OF PIT