

**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:

09/07/2018

Submitted Date:

09/13/2018

Document Number:

688302449

FIELD INSPECTION FORM

Loc ID 320794 Inspector Name: Sherman, Susan 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:

OGCC Operator Number: 10646
Name of Operator: AXIS EXPLORATION LLC
Address: 370 17TH ST SUITE 5300
City: DENVER State: CO Zip: 80202

Findings:

- 10 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Owens, Matt	720-557-8300	mowens@extractionog.com	Principal Agent
Antonioli, Philip	720-354-4603	PAntonioli@extraction.com	designated agent
Extraction Oil		COGCCInspections@extracti onog.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
278458	WELL	SI	04/01/2017	GW	005-07108	FREUND 42-21	SI

General Comment:

Required MIT Inspection

Location

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	720-370-5540		
Corrective Action:		Date:	

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

	Type WELLHEAD		
Comment:	steel panels		
Corrective Action:		Date:	

Equipment:

					corrective date
Type: Plunger Lift	# 1				
Comment:					
Corrective Action:		Date:			
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:		Date:			
Type: Other	# 1				
Comment:	replaced with 5K wellhead				
Corrective Action:		Date:			

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 278458 CDP: _____

Comment:

Corrective Action: Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: Date: _____

Wildlife BMPs:

Comment:

Corrective Action: Date: _____

Comment:

Corrective Action: Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 278458 Type: WELL API Number: 005-07108 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Required MIT/Anytime Testing (charted), 91 BBLs to load the hole on previous day, 1-2 gals loaded at test time
 Casing 0 psi prior to test
 0 min 527 psi
 5 min 523 psi
 10 min 519 psi
 15 min 516 psi (Operator had note from DB stating that the last reading could be within 0-3 psi)
 Casing 0 psi after test
 lost 11 psi
 PASS

Corrective Action: _____ Date: _____

BradenHead

Comment: Bradenhead, slight blow that died immediately, 0 psi through test

Corrective Action: _____ Date: _____

Workover

Comment: TEC wellservice

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
688302482	Axis Freund 42-21 MIT	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4580180