

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:

402098124

Date Received:

07/08/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

0 CA Completed
1 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10459
Name of Operator: EXTRACTION OIL & GAS INC
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
<u>Jeff Rickard</u>		<u>jrickard@extractionog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 697500276
Inspection Date: 07/01/2019 FIR Submit Date: 07/03/2019 FIR Status: _____

Inspected Operator Information:

Company Name: EXTRACTION OIL & GAS INC Company Number: 10459
Address: 370 17TH STREET SUITE 5300
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 321516

Location Name: Webber Number: H-Unit 1 County: BROOMFIELD
Qtrqr: SESW Sec: 3 Twp: 1S Range: 68W Meridian: 6
Latitude: 39.988422 Longitude: -104.991771

FACILITY - API Number: 05-014-00 Facility ID: 203554

Facility Name: WEBBER 'H' UNIT Number: 1
Qtrqr: SESW Sec: 3 Twp: 1S Range: 68W Meridian: 6
Latitude: 39.988422 Longitude: -104.991771

CORRECTIVE ACTIONS:

1 CA# 126740

Corrective Action: Comply with Rule 311.b. Corrective action date is the date it was observed out of compliance.

Date: 07/01/2019

Response: FACTUAL REVIEW REQUEST

Basis for Review: CA dates are not per the guidelines

Operator Comment: The Webber "H" Unit 1 (API 014-09114) was cut and capped on 6/17/19. Per the attached correspondence with Diana Burn, Extraction has 30 days from cut and cap to submit the Form 6S. This makes the Form 6S submittal due date 7/17/19 and therefore Extraction is not out of compliance for its submittal of the Form 6S at the time of this inspection and FIRR submittal.

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: Jeff Rickard

Signed: _____

Title: Regulatory Complaine Co

Date: 7/8/2019 8:47:49 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402098135	Correspondence
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Total Attach: 1 Files