

**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:

04/30/2020

Submitted Date:

05/01/2020

Document Number:

688307495**FIELD INSPECTION FORM**Loc ID 322142 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: **Operator Information:**OGCC Operator Number: 10646Name of Operator: AXIS EXPLORATION LLCAddress: 370 17TH ST 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:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Antonioli, Philip	720-345-4603	PAntonioli@extractionog.com	
Dunning, Michael	303 396-6040	mdunning@extractionog.com	
Extraction	720-370-5540	COGCCInspections@extracti onog.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
209204	WELL	SI	06/01/2018	OW	039-06108	MORRIS 33-18 1	SI

**General Comment:**MIT Inspection, passedOperator completed Form 21 on computer and will submit to COGCC database within 10 days of test.

**Location**Overall Good: ☐

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☐**Spills:**

Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 209204 Type: WELL API Number: 039-06108 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: \_\_\_\_\_

Comment: SI since 6/1/2018.  
 MIT, Anytime Testing, 3 bbls to load hole  
 Casing 0 psi, Tubing 0 psi and BH had slight blow that died immediately, all prior to test.  
 0 min 504 psi  
 5 min 503 psi  
 10 min 503 psi  
 15 min 503 psi  
 Casing, Tubing and BH all 0 psi after test.  
 MIT PASSED.  
 Operator to submit Form 21 within 10 days of test.

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

**Workover**Comment: Ensign Rig 351

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
688307762	Axis Exploration Morris 33-18 1	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5139640">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5139640</a>