

**Inspection Photos**  
**Location Name: Carlson #1-24**  
**Location ID: 321495**



Colorado Oil and Gas Conservation Commission  
 39.94667, -105.05854, 1619.1m  
 Jun 18, 2020 08:50:10

**Photo 1 loc pic**

Colorado Oil and Gas Conservation Commission  
39.94645, -105.05854, 1619.1m  
Jun 18, 2020 08:50:10

Name of Operator: Extraction Oil and Gas		Contact Name and Telephone: Philip Antonoli		Operator: OGCC	
Address: 370 17th St		No: (720) 354-4603		<input checked="" type="checkbox"/> Pressure Chart	
City: Denver		State: Co Zip: 80202		<input checked="" type="checkbox"/> Current Bond Log	
API Number: 05-014-06269		OGCC Facility ID Number: 206774		<input type="checkbox"/> Tracer Survey	
Well/Facility Name: Carlson		Well/Facility Number: #1-24		<input type="checkbox"/> Temperature Survey	
Location: SWSE Section: 24 Township: 1S Range: 69W Meridian: 6PM		Inspection Number:			
<input checked="" type="checkbox"/> <b>SHUT-IN PRODUCTION WELL</b> <input type="checkbox"/> <b>INJECTION WELL</b>					
Test Date: Last MIT Date:					
<input checked="" type="checkbox"/> Test to Maintain SI/TA status <input type="checkbox"/> 5-year UIC <input type="checkbox"/> Reset Packer					
<input type="checkbox"/> Verification of Repairs <input type="checkbox"/> Annual UIC Test					
Describe Repairs or Other Well Activities: Perform MIT test on casing.					
<b>Wellbore Data at Time of Test</b>				<b>Casing Test</b> Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.	
Injection/Producing Zone(s): J-N-CB		Perforated Interval: 8,038' - 8,856'		Bridge Plug or Cement Plug Depth: 7,997'	
<b>Tubing String/Annulus Test</b>					
Tubing Size: 3 1/2"		Tubing Depth: 5192'		Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Data</b>					
Test Date: 6-17-2020		Well Status During Test: Shut-In		Casing Pressure Before Test: 0	
Initial Tubing Pressure: 0		Final Tubing Pressure: 0		Pressure Loss or Gain During Test: 40psi Loss	
Casing Pressure - 5 Min: 516		Casing Pressure - 10 Min: 515		Casing Pressure Final Test: 515	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
OGCC Field Representative (Print Name): Randy Silver					
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Name: Nathan Scott		Title: Supervisor		Date: 6-17-2020	
Name: [Signature]		Title: Inspector		Date: 6-17-2020	

**Photo 2 Form 21**