

**FORM
INSP**

Rev
X/20

**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:

06/18/2025

Submitted Date:

06/18/2025

Document Number:

716201790

FIELD INSPECTION FORM

Loc ID 454131 Inspector Name: Carlile, Craig On-Site Inspection 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 10819
Name of Operator: PRAIRIE OPERATING CO LLC
Address: 44 COOK STREET, SUITE 1000
City: DENVER State: CO Zip: 80206

Status Summary:

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

Findings:

- 3 Number of Comments
- 1 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
Kauffman, Shea		shea.kauffman@prairieopco.com	
Knauf, Meredith		mk@prairieopco.com	
Woodworth, Tyrel		tyrel.woodworth@prairieopco.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
454134	WELL	DG	05/15/2025	LO	123-46427	Noble 7E5NCBM	DG

General Comment:

This is a corrective action Drilling audit.
Any corrective actions and associated dates from previous audits or inspections that have not been resolved remain in effect.

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	LOCATION		
Comment:	Sound Walls		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 454134 Type: WELL API Number: 123-46427 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Precision 461 Pusher/Rig Manager: _____
Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment: Notice to move-in, rig-up was not given in required timeframe prior to commencement of move-in, rig-up.

Note Form 42 for spud was recieved however no Form 42 for MIRU for Drilling.

Corrective Action: Submit required notice as per Rule 405.e.

Date: 06/20/2025

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12