

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:
401277355
Date Received:
05/08/2017

FIR RESOLUTION FORM

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10459
Name of Operator: EXTRACTION OIL & GAS LLC
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
Leonard, Mike		COGCCInspections@extractionog.com mike.leonard@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 682402043
Inspection Date: 05/02/2017 FIR Submit Date: 05/04/2017 FIR Status: _____

Inspected Operator Information:

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

LOCATION - Location ID: 439530

Location Name: BURROUGHS NORTH Number: NENE PAD #1 County: _____
Qtrqr: NENE Sec: 14 Twp: 7N Range: 65W Meridian: 6
Latitude: 40.578419 Longitude: -104.621522

FACILITY - API Number: 05-123- -00 Facility ID: 439530

Facility Name: BURROUGHS NORTH Number: NENE PAD #1
Qtrqr: NENE Sec: 14 Twp: 7N Range: 65W Meridian: 6
Latitude: 40.578419 Longitude: -104.621522

CORRECTIVE ACTIONS:

1 ☒ CA# 74728

Corrective Action: Submit required notice as per Rule 316C. Date: 05/08/2017

Response: CA COMPLETED Date of Completion: 05/08/2017

Operator Comment: Form 42 Submitted under the following Doc. numbers:
BN 1: 401121882
BN 4: 401121883
BS 10: 401121884

BS 11: 401121885
BS 12: 401121886
BS 13: 401121887

COGCC Decision: Approved

COGCC Representative: The Operator should submit Form 42 Notice of Construction using the Location ID, not well API. This saves the Operator from having to submit multiple Form 42's for each individual well API versus one Location ID, unless the location only has one proposed well to be drilled at the location.

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: Josh Carlisle Signed: _____

Title: EHSR Manager Date: 5/8/2017 2:46:37 PM

ATTACHMENT LIST

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

Document Number **Description**

401277355	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files