

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:

401277364

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

mike.leonard@state.co.us

COGCCInspections@extractionog.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 682402052

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: 439635

Location Name: BURROUGHS NESE PRODUCTION FACILITY Number: PAD #1 County: \_\_\_\_\_

Qtrqr: NESE Sec: 14 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.570636 Longitude: -104.621414

### FACILITY - API Number: 05-123- -00 Facility ID: 439635

Facility Name: BURROUGHS NESE PRODUCTION FACILITY Number: PAD #1

Qtrqr: NESE Sec: 14 Twp: 7N Range: 65W Meridian: 6

Latitude: 40.570636 Longitude: -104.621414

### CORRECTIVE ACTIONS:

1 ☒ CA# 74731

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 because this is Production facility.

**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 2:48:58 PM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
401277364	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files