

**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:

07/20/2017

Submitted Date:

07/20/2017

Document Number:

688400008**FIELD INSPECTION FORM**

Loc ID 444315 Inspector Name: Gomez, Jason On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10459Name of Operator: EXTRACTION OIL & GAS INCAddress: 370 17TH STREET 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:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCinspections@extracti onog.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
444316	WELL	DG	02/12/2017	LO	123-42555	Stromberger 1	WO
444317	WELL	DG	02/15/2017	LO	123-42556	Stromberger 6	WO
444318	WELL	DG	02/16/2017	LO	123-42557	Stromberger 8	WO
444319	WELL	DG	02/16/2017	LO	123-42558	Stromberger 7	WO

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Ancillary equipment	#		corrective date
Comment:	approx 32' sound wall on north end of location for sound mitigation		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 444316	Type: WELL	API Number: 123-42555	Status: DG	Insp. Status: WO
Facility ID: 444317	Type: WELL	API Number: 123-42556	Status: DG	Insp. Status: WO
Facility ID: 444318	Type: WELL	API Number: 123-42557	Status: DG	Insp. Status: WO
Facility ID: 444319	Type: WELL	API Number: 123-42558	Status: DG	Insp. Status: WO

Well Stimulation

Stimulation Company: Liberty Stimulation Type: HYDRAULIC FRAC
Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) 4000
Bradenhead Psi: _____ Frac Flow Back: Fluid: _____ Gas: _____

Comment: approx 15 wells left to frac on pad

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass					
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Gravel	Pass	Gravel	Pass	Vehicle Tracking	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT