

**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:

08/24/2017

Submitted Date:

08/24/2017

Document Number:

674200202**FIELD INSPECTION FORM**
 Loc ID 430474 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
435877	WELL	DG	06/17/2017	LO	123-38817	CS-KINKADE 4-1-13	DG
435878	WELL	DG	06/19/2017	LO	123-38818	CS-KINKADE 2-1-13	DG
435879	WELL	DG	06/20/2017	LO	123-38819	CS-KINKADE 1-1-13	DG
435882	WELL	DG	06/25/2017	LO	123-38822	CS-SCOTT 4-1-13	DG
435883	WELL	DG	06/18/2017	LO	123-38823	CS-KINKADE 3-1-13	DG
444084	WELL	DG	06/15/2017	LO	123-42475	CS-LONGMEADOW 2-1-13	DG
444085	WELL	DG	06/16/2014	LO	123-42476	CS-LONGMEADOW 1-1-13	DG
445150	WELL	DG	06/26/2017		123-42908	CS-SCOTT C2-1-13	DG

**General Comment:**

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	LOCATION		
Comment:	APPROX 32' SOUND WALLS SURROUND LOCATION FOR SOUND MITIGATION		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type	Field Flare		
Comment:	NOT IN USE AT TIME OF INSPECTION		
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: <u>435877</u>	Type: <u>WELL</u>	API Number: <u>123-38817</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>435878</u>	Type: <u>WELL</u>	API Number: <u>123-38818</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>435879</u>	Type: <u>WELL</u>	API Number: <u>123-38819</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>435882</u>	Type: <u>WELL</u>	API Number: <u>123-38822</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>435883</u>	Type: <u>WELL</u>	API Number: <u>123-38823</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>444084</u>	Type: <u>WELL</u>	API Number: <u>123-42475</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>444085</u>	Type: <u>WELL</u>	API Number: <u>123-42476</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
Facility ID: <u>445150</u>	Type: <u>WELL</u>	API Number: <u>123-42908</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>

**Well Drilling**

**Rig:** Rig Name: PATTERSON 341 Pusher/Rig Manager: \_\_\_\_\_  
 Permit Posted: Yes Access Sign: Yes

**Well Control Equipment:**

Pipe Ram: YES Blind Ram: YES Hydril Type: YES  
 Pressure Test BOP: Pass Test Pressure PSI: \_\_\_\_\_ Safety Plan: YES

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: YES Semi-Closed Loop: \_\_\_\_\_  
 Multi-Well: YES Disposal Location: WASTE MANAGEMENT

Comment: \_\_\_\_\_

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
Gravel	Pass	Gravel	Pass	Covering Materials	Pass	
				Vehicle Tracking	Pass	
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT