

**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:

08/29/2017

Submitted Date:

08/30/2017

Document Number:

687400177**FIELD INSPECTION FORM**

Loc ID 319807 Inspector Name: Kraich, Adam 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:**12 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCInspections@extracti onog.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
201435	WELL	PR	05/24/1974	GW	001-06838	LEECH 1	PR

**General Comment:**[Within 1000' NTO buffer](#)

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	BATTERY		
Comment:	Adequate		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Missing emergency contact info		
Corrective Action:	Install sign to comply with Rule 210.e.	Date:	09/30/2017
Type	TANK LABELS/PLACARDS		
Comment:	Adequate		
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>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	RTU		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
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PRODUCED WATER	1	<100 BBLs	PBV FIBERGLASS		
Comment: 75 BBL Capacity					
Corrective Action:					Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment: Shares berms with production tank.					
Corrective Action:					Date:
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		
Comment:					
Corrective Action:					Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment: Shares berms with produced water tank					
Corrective Action:					Date:
<u>Venting:</u>					
Yes/No					
Comment:					
Corrective Action:					Date:
<u>Flaring:</u>					
Type					
Comment:					
Corrective Action:					Date:

**Inspected Facilities**Facility ID: 201435 Type: WELL API Number: 001-06838 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

**COGCC Comments**

Comment

User

Date

Well commingles with Leech 22, 14, & 24-26. All surface equipment and tanks will be identified on this inspection form.

kraicha

08/30/2017

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
687400178	Inspection photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4240894">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4240894</a>