

**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:

12/01/2017

Submitted Date:

12/04/2017

Document Number:

674200338**FIELD INSPECTION FORM**

Loc ID 319094	Inspector Name: Gomez, Jason	On-Site Inspection <input type="checkbox"/>	Status Summary: <input type="checkbox"/> THIS IS A FOLLOW UP INSPECTION <input type="checkbox"/> FOLLOW UP INSPECTION REQUIRED <input type="checkbox"/> NO FOLLOW UP INSPECTION REQUIRED Findings: 1 Number of Comments 1 Number of Corrective Actions <input checked="" type="checkbox"/> Corrective Action Response Requested
2A Doc Num: _____			

Operator Information:
 OGCC Operator Number: 10459
 Name of Operator: EXTRACTION OIL & GAS INC
 Address: 370 17TH STREET SUITE 5300
 City: DENVER State: CO Zip: 80202

Contact Information:

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

General Comment:**Location Construction**

Location ID: <u>319094</u>	CDP: _____	Comment: <div style="border: 1px solid black; height: 20px;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px;"></div>		Date: _____	

Form 2A COAs:

Comment: Form: (02A)
401359259
11/20/2017
General Housekeeping
Maintain appearance with garbage clean-up; a trash bin will be located on site to accumulate waste by the personnel drilling the wells. Site will have unused equipment, trash and junk removed immediately.
No trash Bin observed on location at time of inspection

Corrective Action: Install trash bin to comply with COADate: 12/04/2017**Wildlife BMPs:****Comment:**Corrective Action:

Date: _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present
SILT FENCES	Yes	Vehicle Trakcing	Yes`

Comments: Erosion BMPs: Other BMPs:

Corrective Action: _____ Date: _____

DITCHES	Yes		
Comments: Erosion BMPs: <input style="width: 60%;" type="text"/>			
Other BMPs: <input style="width: 60%;" type="text"/>			
Corrective Action: _____			Date: _____
Comment: <input style="width: 80%;" type="text"/>			
Corrective Action: <input style="width: 80%;" type="text"/>			Date: _____
On Site Inspection (305):			
<u>Surface Owner Contact Information:</u>			
Name: _____		Address: _____	
Phone Number: _____		Cell Phone: _____	
<u>Operator Rep. Contact Information:</u>			
Landman Name: _____		Phone Number: _____	
Date Onsite Request Received: _____		Date of Rule 306 Consultation: _____	
Request LGD Attendance: _____			
<u>LGD Contact Information:</u>			
Name: _____		Phone Number: _____	Agreed to Attend: _____
<u>Summary of Landowner Issues:</u>			
<input style="width: 90%;" type="text"/>			
<u>Summary of Operator Response to Landowner Issues:</u>			
<input style="width: 90%;" type="text"/>			
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>			
<input style="width: 90%;" type="text"/>			