

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:
401414655
Date Received:
09/27/2017

FIR RESOLUTION FORM

CA Summary:
1 of 1 CAs from the FIR responded to on this Form
0 CA Completed
1 Factual Review Request

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 Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Jeff Rickard	720 737-5144	jrickard@extractionog.com
Josh Carlisle		jcarlisle@extractionog.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 680704679
Inspection Date: 09/22/2017 FIR Submit Date: 09/22/2017 FIR Status:

Inspected Operator Information:

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

LOCATION - Location ID: 310390

Location Name: DEWOLF-USX S-64N68W Number: 29SWSW County: WELD
Qtrqr: SWS Sec: 29 Twp: 4N Range: 68W Meridian: 6
W
Latitude: 40.278453 Longitude: -105.033663

FACILITY - API Number: 05-123-00 Facility ID: 292398

Facility Name: DEWOLF-USX S Number: 29-11
Qtrqr: SWS Sec: 29 Twp: 4N Range: 68W Meridian: 6
W
Latitude: 40.278453 Longitude: -105.033663

CORRECTIVE ACTIIONS:

1 CA# 102656

Corrective Action: Contact dnr_cogccengineering@state.co.us with resolution plan. Date: 10/02/2017

Response: FACTUAL REVIEW REQUEST

Basis for Review: Action requested was already completed prior to the inspection

The well was correctly identified as SI as of Jan 2015, but records show well began production again on Aug 2016, and therefore was not shut in for 2 years requiring it to need a MIT.

Operator

Comment:

Extraction is more than happy to work with the COGCC to address any concerns regarding the integrity of the well. Please feel free to contact myself or Josh Carlisle with any further concerns.

COGCC Decision: Approved

COGCC Representative:

[Empty box for COGCC Representative]

OPERATOR COMMENT AND SUBMITTAL

Comment:

[Empty box for Operator Comment]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jeff Rickard

Signed: _____

Title: Regulatory Compliance Coo

Date: 9/27/2017 11:02:42 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
401414655	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files