

FORM  
INSPRev  
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:

06/04/2018

Submitted Date:

06/11/2018

Document Number:

688400196

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
319094 \_\_\_\_\_ Gomez, Jason \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION  
 FOLLOW UP INSPECTION REQUIRED  
 NO FOLLOW UP INSPECTION REQUIRED

**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

**Findings:**

- 3 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCInspections@extracti onog.com	
Adamczyk, Megan		megan.adamczyk@state.co.u s	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
453223	WELL	DG	02/05/2018		123-45983	Coyote Trails 34S-20-12N	WO
453224	WELL	DG	02/04/2018		123-45984	Coyote Trails 34S-20-14C	WO
453227	WELL	DG	02/03/2018		123-45987	Coyote Trails 34S-20-15N	WO
453230	WELL	DG	02/03/2018		123-45990	Coyote Trails 34S-20-16N	WO
453231	WELL	DG	02/05/2018		123-45991	Coyote Trails 34S-20-11C	WO
453233	WELL	DG	02/04/2018		123-45993	Coyote Trails 34S-20-13N	WO
453234	WELL	DG	02/06/2018		123-45994	Coyote Trails 34S-20-10N	WO

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

Type	OTHER		
Comment:	Fracking		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:	<input type="text"/>	Date:	
Corrective Action:	<input type="text"/>		

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	LOCATION		
Comment:	Approx 32' sound walls on the south and the west end of location		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	<u>453223</u>	Type:	<u>WELL</u>	API Number:	<u>123-45983</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>
Facility ID:	<u>453224</u>	Type:	<u>WELL</u>	API Number:	<u>123-45984</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>
Facility ID:	<u>453227</u>	Type:	<u>WELL</u>	API Number:	<u>123-45987</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>
Facility ID:	<u>453230</u>	Type:	<u>WELL</u>	API Number:	<u>123-45990</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>
Facility ID:	<u>453231</u>	Type:	<u>WELL</u>	API Number:	<u>123-45991</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>
Facility ID:	<u>453233</u>	Type:	<u>WELL</u>	API Number:	<u>123-45993</u>	Status:	<u>DG</u>	Insp. Status:	<u>WO</u>

Complaint	
Comment:	<p>Field Inspector Assigned: Jason E. Gomez</p> <p>Complaint Received:</p> <p>Date: 6-4-2018</p> <p>Complaint Contacted:</p> <p>Date: 6-4-2018 Time 0840 Hrs</p> <p>Location #: 319094</p> <p>Inspection Document #: 688400196</p> <p>Nature of complaint: Noise</p> <p>Field Inspector Actions:</p> <p>On 6-4-2018, I was contacted by COGCC staff in reference to some complaints received by the COGCC in reference to noise, the complaint stated the noise was coming from the Erie area originating from the Extraction, Coyote location.</p> <p>On 6-4-2018, I attempted to contact the complaints in reference to the noise she was experiencing which she perceived as coming from the Coyote fracking location. I performed a complete site inspection of the Coyote location. I reviewed location records, which did not show any abnormal fracking conditions at the time of the complaints. I reviewed third party sound records at the times of the complaint and at no time did the drilling operation exceed COGCC rules according to the sound study information reviewed.</p> <p>No violation of COGCC rules were observed at the time of the inspection of the frack operation nor in the surrounding neighborhood.</p> <p>All information reviewed and site inspection information were submitted to the complaint specialist for further review.</p>
Corrective Action:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	Date: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

**Well Stimulation**

Stimulation Company: Liberty

Stimulation Type: HYDRAULIC FRAC

**Observation:**

Other: \_\_\_\_\_

Maximum Casing Recorded: \_\_\_\_\_ PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_

Bradenhead Psi: \_\_\_\_\_

Frac Flow Back: \_\_\_\_\_

Fluid: \_\_\_\_\_

Gas: \_\_\_\_\_

Comment:

Corrective Action:

Date: \_\_\_\_\_

Facility ID: 453234 Type: WELL API Number: 123-45994 Status: DG Insp. Status: WO