

**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:

07/15/2019

Submitted Date:

07/15/2019

Document Number:

693500754

FIELD INSPECTION FORM

Loc ID 319094 Inspector Name: Silver, Randy On-Site Inspection 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:

5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Carlisle, J	970-534-6006	COGCCInspections@extracti onog.com	ALL INSPECTIONS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
458186	WELL	DG	04/30/2019		123-48248	Coyote Trails 33W-15-7N	DG

General Comment:

(This area is intentionally left blank for general comments.)

Location

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	sound walls		
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 458186 Type: WELL API Number: 123-48248 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 147 Pusher/Rig Manager: Mike Torres
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: Waste connections

Comment: At time of inspection rig crew was cementing.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Inspection due to complaint. At time of inspection I did not observe any unusual odors in or around location. Weather conditions: sunny and location is dry.</u>	silverr	07/15/2019

Attached Documents

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

Document Num	Description	URL
693500755	loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878962