

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:
402187598

Date Received:
09/24/2019

FIR RESOLUTION FORM

Overall Status: FRQ

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

0 CA Completed
2 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
<u>Jeff Rickard</u>		<u>jrnickard@extractionog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699300237
Inspection Date: 09/23/2019 FIR Submit Date: 09/23/2019 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: 318912

Location Name: LEONARD Number: 62N67W County: WELD
/21SESW
Qtrqtr: SESW Sec: 21 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.118320 Longitude: -104.897940

FACILITY - API Number: 05-123- -00 Facility ID: 242449

Facility Name: LEONARD Number: 24-21
Qtrqtr: SESW Sec: 21 Twp: 2N Range: 67W Meridian: 6
Latitude: 40.118320 Longitude: -104.897940

CORRECTIVE ACTIIONS:

1 CA# 130975

Corrective Action: Comply with Rule 210.e Date: 10/23/2019

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Operator Comment: As of July 1st, 2019, KPK is the operator of the well. Please see Form 10 DOC#402098198.

COGCC Decision: _____

COGCC
Representative:

2 CA# 130976

Corrective Action: Comply with Rule 603.f

Date: 10/23/2019

Response: FACTUAL REVIEW REQUEST

Basis for Review: Equipment is not owned or controlled by the operator

Operator Comment: As of July 1st, 2019, KPK is the operator of the well. Please see Form 10 DOC#402098198.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

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: 9/24/2019 3:16:49 PM

ATTACHMENT LIST

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

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files