

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:
402390321

Date Received:
05/05/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

2 CA Completed
0 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>Blake Ford</u>	<u>970-776-6617</u>	<u>bford@extractionog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679602394
Inspection Date: 03/09/2020 FIR Submit Date: 03/09/2020 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: 436071

Location Name: Rubyanna Number: 13 Pad County: _____
Qtrqr: SESE Sec: 13 Twp: 6N Range: 67W Meridian: 6
Latitude: 40.481740 Longitude: -104.833210

FACILITY - API Number: 05-123-00 Facility ID: 436071

Facility Name: Rubyanna Number: 13 Pad
Qtrqr: SESE Sec: 13 Twp: 6N Range: 67W Meridian: 6
Latitude: 40.481740 Longitude: -104.833210

CORRECTIVE ACTIIONS:

1 CA# 137065

Corrective Action: Comply with Rule 603.f. Date: 04/09/2020

Response: CA COMPLETED Date of Completion: 04/27/2020

Operator Comment: All unnecessary equipment has been removed. The meter is owned by DCP midstream and would be used again if line pressures increased.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 137066

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes per Rule 1002.f.(2).d.

Date: 03/16/2020

Response: CA COMPLETED

Date of Completion: 04/27/2020

Operator
Comment: Completed.

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: Blake Ford

Signed: _____

Title: Environmental Supervisor

Date: 5/5/2020 1:39:22 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