

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:

402611835

Date Received:

02/26/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10459

Name of Operator: EXTRACTION OIL & GAS INC

Address: 370 17TH STREET SUITE 5200

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Nathan Bennett 720-354-4616 COGCCInspections@extractionog.com

Nathan Bennett 720-354-4616 nbennett@extractionog.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697502085

Inspection Date: 10/13/2020

FIR Submit Date: 10/21/2020

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: 320472

Location Name: MAUL-61S66W Number: 26SE County: _____

Qtrqtr: SE Sec: 26 Twp: 1S Range: 66W Meridian: 6

Latitude: 39.931050 Longitude: -104.739927

FACILITY - API Number: 05-001- -00 Facility ID: 320472

Facility Name: MAUL-61S66W Number: 26SE

Qtrqtr: SE Sec: 26 Twp: 1S Range: 66W Meridian: 6

Latitude: 39.931050 Longitude: -104.739927

CORRECTIVE ACTIONS:

1 CA# 142862

Corrective Action: Comply with Rule 1004.a. (regardless of ownership) to remove all debris, abandoned gathering line risers, and flowline risers, and equipment within three months of plugging (01/23/2020) the associated facility. All work should have been conducted by 04/23/2020.

Date: 01/21/2021

Response: CA COMPLETED

Date of Completion: 02/24/2021

Operator Comment: 3rd party midstream riser and associated pipeline(s) have been removed by the Midstream Operator.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Nathan Bennett

Signed: _____

Title: Regulatory Supervisor

Date: 2/26/2021 3:30:36 PM

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>
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Total Attach: 0 Files