

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:
402530044

Date Received:
11/10/2020

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
.		COGCCInspections@extractionog.com
<u>Nathan Bennett</u>	<u>(720) 354-4616</u>	nbennett@extractionog.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699501848
Inspection Date: 10/29/2020 FIR Submit Date: 10/29/2020 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: 319782

Location Name: KRAFT-61S65W Number: 24SWSW County: ADAMS
Qtrqr: SWS Sec: 24 Twp: 1S Range: 65W Meridian: 6
W
Latitude: 39.945468 Longitude: -104.618288

FACILITY - API Number: 05-001-00 Facility ID: 201349

Facility Name: KRAFT Number: 14-24
Qtrqr: SWS Sec: 24 Twp: 1S Range: 65W Meridian: 6
W
Latitude: 39.945468 Longitude: -104.618288

CORRECTIVE ACTIONS:

1 CA# 144055

Corrective Action: Install sign to comply with Rule 210.b. Date: 11/29/2020

Response: CA COMPLETED Date of Completion: 11/10/2020

Operator Comment: Emergency Contact Number has been posted on the wellhead sign for the Kraft 14-24 well (05-001-06752). A photograph showing the number on the well sign has been attached.

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: This FIRR is being filed to document that the corrective action has been completed. A photograph detailing the emergency contact number has been attached.

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: 11/10/2020 4:42:07 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>
402530044	FIR RESOLUTION SUBMITTED
402530057	Kraft 14-24 Photograph of Emergency Contact #

Total Attach: 2 Files