

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:
402789737

Date Received:
08/24/2021

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 5200
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jeffrey Annable</u>	<u>720-354-4590</u>	<u>jannable@extractionog.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 697004320
Inspection Date: 08/09/2021 FIR Submit Date: 08/09/2021 FIR Status: _____

Inspected Operator Information:

Company Name: EXTRACTION OIL & GAS INC Company Number: 10459
Address: 370 17TH STREET SUITE 5200
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 310390

Location Name: DEWOLF-USX S-64N68W Number: 29SWSW County: _____
Qtrqr: SWS Sec: 29 Twp: 4N Range: 68W Meridian: 6
Latitude: 40.278453 Longitude: -105.033663

FACILITY - API Number: 05-123-00 Facility ID: 310390

Facility Name: DEWOLF-USX S-64N68W Number: 29SWSW
Qtrqr: SWS Sec: 29 Twp: 4N Range: 68W Meridian: 6
Latitude: 40.278453 Longitude: -105.033663

CORRECTIVE ACTIONS:

1 ☒ CA# 154659

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 11/10/2021

Response: CA COMPLETED

Date of Completion: 08/19/2021

Operator Comment: Gas metering equipment has been calibrated.

COGCC Decision: Approved

COGCC Representative: Prior reinspection was passed.

2 ☒ CA# 154660

Corrective Action: Install signs to comply with Rule 605.h.

Date: 11/10/2021

Response: CA COMPLETED

Date of Completion: 08/19/2021

Operator Comment: Capacity stickers have been added to tanks.

COGCC Decision: Approved

COGCC Representative: Prior reinspection was passed.

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: Jeffrey Annable

Signed: _____

Title: EHSR Asset Coordinator

Date: 8/24/2021 10:17:31 AM

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>
402789737	FIR RESOLUTION SUBMITTED
402789746	Photo Documentation 1 of 2
402789747	Photo Documentation 2 of 2

Total Attach: 3 Files