

FORM
INSPRev
X/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

02/15/2022

Submitted Date:

02/15/2022

Document Number:

693506403

FIELD INSPECTION FORM

Loc ID 456747 Inspector Name: Silver, Randy On-Site Inspection 2A Doc Num: _____

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

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

Findings:

5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
Bonanza, Creston	Extraction, Axis, Highpoint	Inspections@civiresources.com	All Inspections.

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
468827	WELL	DG	08/28/2021	OW	014-20850	INTERCHANGE A S22-30-1C	DG

General Comment:

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	LOCATION		
Comment:	Sound walls all four sides		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 468827 Type: WELL API Number: 014-20850 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: Ensign 769 Pusher/Rig Manager: _____
 Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: Waste connection.

Comment: Drillin at time of inspeciton.

Corrective Action: _____

Date: _____

COGCC Comments

Comment	User	Date
<u>Routine inspeciton. At time of inspection location is muddy in areas crew is installin liner on other side of location for the next five wells.</u>	silverr	02/15/2022

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693506404	loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5665149