

FORM
INSPRev
X/20State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

03/10/2022

Submitted Date:

03/10/2022

Document Number:

693506642

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
456745	WELL	DG	09/21/2019	OW	014-20768	INTERCHANGE A S22-30-7C	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:	<input style="width: 900px; height: 18px;" type="text"/>		
Corrective Action:	<input style="width: 650px; height: 18px;" type="text"/>	Date:	<input style="width: 150px; height: 18px;" type="text"/>

Inspected Facilities

Facility ID: 456745 Type: WELL API Number: 014-20768 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: At time of inspection crew was skidding rig over to hole.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Routine inspection.</u>	silverr	03/10/2022

Attached Documents

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

Document Num	Description	URL
693506643	loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5689577