

State of Colorado
Energy & Carbon Management Commission



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

Document Number:
403610330

Date Received:
11/29/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Luke Kelly

970-939-6353

lkelly@civiresources.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 713300267

Inspection Date: 11/06/2023

FIR Submit Date: 11/06/2023

FIR Status: _____

Inspected Operator Information:

Company Name: EXTRACTION OIL & GAS INC

Company Number: 10459

Address: 555 17TH STREET SUITE 3700

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 321380

Location Name: HEWIT-61S69W Number: 22NWSW County: BOULDER

Qtrqr: NWS Sec: 22 Twp: 1S Range: 69W Meridian: 6
W

Latitude: 39.950080 Longitude: -105.106490

FACILITY - API Number: 05-013-00 Facility ID: 206799

Facility Name: HEWIT Number: 22-3D

Qtrqr: NWS Sec: 22 Twp: 1S Range: 69W Meridian: 6
W

Latitude: 39.950080 Longitude: -105.106490

CORRECTIVE ACTIONS:

1 CA# 187944

Corrective Action: Install sign to comply with Rule 605.d.

Date: 12/06/2023

Response: CA COMPLETED

Date of Completion: 11/27/2023

Operator
Comment:

Operator has updated and installed new signage to comply with Rule 605.d.

COGCC Decision: _____

COGCC
Representative:

3 CA# 187946

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

Date: 12/06/2023

Response: CA COMPLETED

Date of Completion: 11/27/2023

Operator
Comment:

Operator has reported that the meter has been recalibrated, and has provided photo evidence of the updated card to comply with Rule 430.d.(1).

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA follow-up has been completed for this location.

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

Print Name: Ashley Noonan

Signed: _____

Title: Sr Regulatory Analyst

Date: 11/29/2023 7:51:13 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

403610331	Inspection Resolution Report
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Total Attach: 1 Files