

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:  
403669628

Date Received:  
01/29/2024

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 3 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: 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: 699505277  
Inspection Date: 01/11/2024 FIR Submit Date: 01/11/2024 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: 321372

Location Name: KILKER-61S69W Number: 15SENE County: BOULDER  
Qtrqtr: SENE Sec: 15 Twp: 1S Range: 69W Meridian: 6  
Latitude: 39.968210 Longitude: -105.092720

#### FACILITY - API Number: 05-013-00 Facility ID: 206790

Facility Name: KILKER Number: 1-15  
Qtrqtr: SENE Sec: 15 Twp: 1S Range: 69W Meridian: 6  
Latitude: 39.968210 Longitude: -105.092720

### CORRECTIVE ACTIONS:

1 CA# 190068

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 01/26/2024

Response: CA COMPLETED Date of Completion: 01/29/2024

Operator Comment: Operator has reported that the loose fittings have been addressed to resolve the identified mechanical issues.

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: 1/29/2024 2:42:19 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files