



FORM  
INSP  
  
Rev  
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:  
09/26/2024  
Submitted Date:  
09/26/2024  
Document Number:  
697010180

Loc ID  
310390

Inspector Name:  
Peterson, Tom

On-Site Inspection ☐  
2A Doc Num: \_\_\_\_\_

**Operator Information:**  
ECMC Operator Number: 10459  
Name of Operator: EXTRACTION OIL & GAS INC  
Address: 555 17TH STREET SUITE 3700  
City: DENVER State: CO Zip: 80202

**Status Summary:**  
☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED  
**Findings:**  
9 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
,		Inspections@civiresources.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292398	WELL	SI	06/01/2024	OW	123-26337	DEWOLF-USX S 29-11	SI

**General Comment:**  
This is a routine audit. Any corrective actions from previous audits that have not been addressed are still applicable. There were no operator personnel on location at the time of this field audit.

Date Run: 9/26/2024 Doc [#697010180]

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**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:	DCP calibration card is current.		
Corrective Action:		Date:	
Type: Pig Station	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead valve is exposed at surface.		
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		

Comment:		Date:	
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:		Date:	
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment: <a href="#">Anchored</a>		Date:	
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment: <a href="#">Automation array</a>		Date:	
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	BV CONCRETE		,
Comment: <a href="#">53 bbls</a>					
Corrective Action:				Date:	

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:			Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		,
Comment: <a href="#">Anchored</a>					
Corrective Action:			Date:		

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment: <a href="#">Lined berm</a>				
Corrective Action:			Date:	

<b><u>Venting:</u></b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b><u>Flaring:</u></b>			
Type			
Comment:			
Corrective Action:		Date:	

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Inspected Facilities									
Facility ID:	292398	Type:	WELL	API Number:	123-26337	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: _____									
Corrective Action: _____ Date: _____									
BradenHead									
Date of Last Brhd Test: 02/27/2024      Annual Brhd Completed? Yes									
Last Brhd Test Results      Initial Surf Csg Pressure: 0      Fluid Type: _____									
End Surf Csg Pressure: 0									
Comment: _____									
Corrective Action: _____ Date: _____									
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
697010181	Photos	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6723198">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6723198</a>