

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:
404326705

Date Received:
08/22/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

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

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Luke Kelly	970-939-6353	lkelly@civiresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718600605
Inspection Date: 05/21/2025 FIR Submit Date: 05/28/2025 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: 320548

Location Name: CO STATE A-61S66W Number: 36NWSE County:
Qtrqtr: NWSE Sec: 36 Twp: 1S Range: 66W Meridian: 6
Latitude: 39.919765 Longitude: -104.721689

FACILITY - API Number: 05-001-00 Facility ID: 320548

Facility Name: CO STATE A-61S66W Number: 36NWSE
Qtrqtr: NWSE Sec: 36 Twp: 1S Range: 66W Meridian: 6
Latitude: 39.919765 Longitude: -104.721689

CORRECTIVE ACTIONS:

2 CA# 205163

Corrective Action: Comply with Rule 1004 to conduct additional reclamation. Control weeds on location.
For soil samples, submit results via Form 4 Sundry Notice, no later than two weeks after receiving results. Please check the route to the reclamation specialist box in the reclamation section. Soil samples shall be overlaid on an aerial map depicting where soil sample locations and reference samples were taken.

Date: 06/27/2025

Response: CA COMPLETED Date of Completion: 07/25/2025

Operator has filed Form 4 Doc # 404293227 in order to comply with Rule 1004.

Operator: _____
Comment: _____

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: (1) 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: Aubrey Noonan Signed: _____

Title: Sr. Regulatory Analyst Date: 8/22/2025 9:00:27 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
404326705	FIR RESOLUTION SUBMITTED
404326712	Report Resolution

Total Attach: 2 Files