

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Energy and Carbon Management Commission**

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



Inspection Date:

03/03/2026

Submitted Date:

03/03/2026

Document Number:

715801995

**FIELD INSPECTION FORM**

Loc ID 320279 Inspector Name: Revas, Robbie On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**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

**Findings:**

14 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 | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 203335      | WELL | SI     | 09/01/2025  | GW         | 001-08844 | GONZALES 1-2  | SI          |

**General Comment:**

[This is a field audit of the scout card, related documents and the location.](#)

**Location**

Overall Good:

**Signs/Marker:**

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| Type               | BATTERY              |       |  |
| Comment:           | adequate             |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | WELLHEAD             |       |  |
| Comment:           | adequate             |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | TANK LABELS/PLACARDS |       |  |
| Comment:           | adequate             |       |  |
| Corrective Action: |                      | Date: |  |

Emergency Contact Number:

Comment:

Corrective Action:

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

**Good Housekeeping:**

|                    |   |       |  |
|--------------------|---|-------|--|
| Type               |   |       |  |
| Comment:           | debris/tumble weeds need to be addressed. |       |  |
| Corrective Action: |   | Date: |  |

Overall Good:

**Spills:**

| Type | Area | Volume |  |  |
|------|------|--------|--|--|
|      |      |        |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

|                    |                          |       |  |
|--------------------|--------------------------|-------|--|
| Type               | TANK BATTERY             |       |  |
| Comment:           | Chainlink with barb wire |       |  |
| Corrective Action: |                          | Date: |  |
| Type               | WELLHEAD                 |       |  |
| Comment:           | Chainlink with barb wire |       |  |
| Corrective Action: |                          | Date: |  |
| Type               | SEPARATOR                |       |  |
| Comment:           | Chainlink with barb wire |       |  |
| Corrective Action: |                          | Date: |  |

**Equipment:**

|                    |   |       |                 |
|--------------------|---|-------|-----------------|
| Type:              | #   |       | corrective date |
| Comment:           | No change of equipment since previous inspection. |       |                 |
| Corrective Action: |   | Date: |                 |

**Tanks and Berms:**

| Contents   | # | Capacity | Type | Tank ID | SE GPS                |
|--|---|----------|------|---------|-----------------------|
|  |   |          |      |         | 39.988600,-104.975300 |
| Comment: No change of Tanks since previous inspection. |   |          |      |         |                       |
| Corrective Action:                                     |   |          |      |         | Date:                 |

**Paint**

|                  |  |
|------------------|--|
| Condition        |  |
| Other (Content)  |  |
| Other (Capacity) |  |
| Other (Type)     |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
|                    |          |                     |                     |             |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Wells Served By Facilities Above**

|            |
|------------|
| API Number |
| 001-08844  |

**AirsID**

|            |        |
|------------|--------|
| API Number | AirsID |
|------------|--------|

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 203335 Type: WELL API Number: 001-08844 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: SI, Valves are closed & Master valve appears to be LOTO.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**BradenHead**

Date of Last Brhd Test: 05/23/2025 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: 0

Comment: Plumbed to surface.

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**ECMC Comments**

| Comment   | User   | Date       |
|---|--------|------------|
| <a href="#">Routine Audit/Inspection</a><br>Any corrective actions from previous inspections that have not been addressed are still applicable<br>Weather: Mostly cloudy<br>Temperature: 48*<br>Location: Damp. | revasr | 03/03/2026 |

**Attached Documents**

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

| Document Num | Description     | URL   |
|--------------|-----------------|---|
| 715801996    | Location photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7467555">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7467555</a> |