

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

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



DE	ET	OE	ES
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Inspection Date:
11/18/2014

Document Number:
674700603

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335964	335964	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10516</u>
Name of Operator:	<u>LINN OPERATING INC</u>
Address:	<u>1999 BROADWAY SUITE 3700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Johnson, Derek	970-285-2200	dsjohnson@linenergy.com	
Burns, Bryan		bburns@linenergy.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	
Ghani, Debbie	303-999-4016	dghani@linenergy.com	Regulatory Compliance Supervisor
White, Brent		bwhite@linenergy.com	Production Foreman

Compliance Summary:

QtrQtr: NESE Sec: 31 Twp: 5S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/13/2014	671000050			ACTION REQUIRED			No
06/26/2013	663801185			ACTION REQUIRED			No
06/26/2013	663801186			ACTION REQUIRED	I		No
10/01/2010	200277646	SR	AO	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
295215	WELL	XX	06/04/2013	LO	045-15698	CHEVRON 31-3D	ND	<input checked="" type="checkbox"/>
295216	WELL	XX	06/04/2013	LO	045-15699	CHEVRON 31-2D	ND	<input checked="" type="checkbox"/>
295217	WELL	XX	06/04/2013	LO	045-15700	CHEVRON 31-1D	ND	<input checked="" type="checkbox"/>
295218	WELL	PR	02/01/2012	GW	045-15701	CHEVRON 31-17D	PR	<input checked="" type="checkbox"/>
295219	WELL	XX	06/04/2013	LO	045-15702	CHEVRON 31-4D	ND	<input checked="" type="checkbox"/>
295220	WELL	PR	07/29/2010	GW	045-15703	CHEVRON 31-6D	PR	<input checked="" type="checkbox"/>

295221	WELL	XX	06/04/2013	LO	045-15704	CHEVRON 31-7D	ND	<input checked="" type="checkbox"/>
295222	WELL	XX	06/05/2013	LO	045-15705	CHEVRON 31-8D	ND	<input checked="" type="checkbox"/>
423715	PIT	AC	07/28/2011		-	CHEVRON I-31	AC	<input type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	ACTION REQUIRED	Plastic liner debri in land farming material.	Remove liner debri	12/19/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	2	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			

Bird Protectors	6	SATISFACTORY		
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV STEEL	,

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	HEATED STEEL AST	,

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective 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

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335964

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Environmental	fischera	PRODUCED WATER OR FLOWBACK WATER OR OTHER EXPLORATION AND PRODUCTION WASTE SHALL NOT BE TEMPORARILY STORED IN MODULAR LARGE VOLUME STORAGE TANKS (MLVSTs). PRODUCED WATER OR FLOWBACK WATER SHALL BE TEMPORARILY STORED IN FRAC TANKS.	09/15/2014
Environmental	fischera	COA- APPROVAL OF THIS PLAN IS CONTINGENT UPON ANALYTICAL LABORATORY RESULTS FOR REPRESENTATIVE SAMPLES ENCANA WATER FROM LOCATION ID: 334939 and URSA Location ID 418828 RESULTS SHALL BE SUBMITTED TO THE COGCC WITHIN 45 DAYS OF APPROVAL OF THIS PLAN. ANALYTICAL LABORATORY ANALYSIS SHALL INCLUDE: <ul style="list-style-type: none"> •VOLATILE ORGANIC COMPOUNDSEPA METHOD 624 (GC/MS) •SEMI-VOLATILE ORGANIC COMPOUNDS EPA METHOD 625 (GC/MS) •DISSOLVED METALSEPA METHOD 200.7 (ICP) •DISSOLVED INORGANICS (NON-METALS)EPA METHOD 300.0 (IC) <ul style="list-style-type: none"> oBr,Cl,F,Nitrate/Nitrite, Sulfate •GENERAL WATER QUALITY PARAMETERS <ul style="list-style-type: none"> oSPECIFIC CONDUCTANCEEPA METHOD 300.0 (IC) oHARDNESSEPA METHOD 130.1 oTOTAL DISSOLVED SOLIDSEPA METHOD 160.1 oPHEPA METHOD 150.2 oALKALINITYEPA METHOD 310.1 •GROSS ALPHA AND BETA RADIOACTIVITYEPA METHOD 900.1 	09/15/2014

S/A/V: SATISFACTORY **Comment:** No drilling or stimulation at this time

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 295215 Type: WELL API Number: 045-15698 Status: XX Insp. Status: ND

Facility ID: 295216 Type: WELL API Number: 045-15699 Status: XX Insp. Status: ND

Facility ID: 295217 Type: WELL API Number: 045-15700 Status: XX Insp. Status: ND

Facility ID: 295218 Type: WELL API Number: 045-15701 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 295219 Type: WELL API Number: 045-15702 Status: XX Insp. Status: ND

Facility ID: 295220 Type: WELL API Number: 045-15703 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 295221 Type: WELL API Number: 045-15704 Status: XX Insp. Status: ND

Facility ID: 295222 Type: WELL API Number: 045-15705 Status: XX Insp. Status: ND

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Waste Management:

Type	Management	Condition	Comment	GPS (Lat)	(Long)
	Landfarm		Landfarm around edge of location		

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

- 1003a. Debris removed? _____ CM _____ CA _____ CA Date _____
Waste Material Onsite? _____ CM _____ CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____ CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM _____ CA _____ CA Date _____
Guy line anchors removed? _____ CM _____ CA _____ CA Date _____
Guy line anchors marked? _____ CM _____ CA _____ CA Date _____

- 1003b. Area no longer in use? Fail Production areas stabilized ? Pass
1003c. Compacted areas have been cross ripped? _____
1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
Cuttings management: _____
1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Land farming around location.

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Inspector Name: LONGWORTH, MIKE

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
		Culverts	Pass			
Seeding	Pass					
		Ditches	Pass			
Gravel	Pass					
		Compaction	Pass			
				MHSP	Pass	
		Check Dams	Pass			
Compaction	Pass					

S/A/V: SATISFACTOR Y Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	423715	1642034	
	423715	1642034	