

**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:

03/31/2015

Document Number:

674701191

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335966	335966	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10516Name of Operator: LINN OPERATING INCAddress: 1999 BROADWAY SUITE 3700City: DENVER State: CO Zip: 80202

- ☐ 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
Burns, Bryan		bburns@linnenergy.com	
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	
Ghani, Debbie	303-999-4016	dghani@linnenergy.com	Regulatory Compliance Supervisor
White, Brent		bwhite@linnenergy.com	Production Foreman

Compliance Summary:

QtrQtr:	<u>NWSE</u>	Sec:	<u>6</u>	Twp:	<u>6S</u>	Range:	<u>96W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/31/2014	674700147			SATISFACTORY			No
06/05/2013	663801092			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
298589	WELL	XX	05/12/2014	LO	045-17270	CHEVRON 6-18D	ND	<input checked="" type="checkbox"/>
298590	WELL	XX	05/12/2014	LO	045-17271	CHEVRON 6-17D	ND	<input checked="" type="checkbox"/>
298591	WELL	XX	05/12/2014	LO	045-17272	CHEVRON 6-5D	ND	<input checked="" type="checkbox"/>
298592	WELL	XX	05/12/2014	LO	045-17273	CHEVRON 6-6D	ND	<input checked="" type="checkbox"/>
298593	WELL	PR	11/16/2010	GW	045-17274	CHEVRON 6-7D	PR	<input checked="" type="checkbox"/>
298594	WELL	PR	11/14/2010	GW	045-17275	CHEVRON 6-8D	PR	<input checked="" type="checkbox"/>
298595	WELL	XX	05/12/2014	LO	045-17276	CHEVRON 6-13D	ND	<input checked="" type="checkbox"/>
298596	WELL	XX	05/12/2014	LO	045-17277	CHEVRON 6-12D	ND	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

298597	WELL	XX	05/12/2014	LO	045-17278	CHEVRON 6-14D	ND	<input checked="" type="checkbox"/>
298598	WELL	XX	05/12/2014	LO	045-17279	CHEVRON 6-15D	ND	<input checked="" type="checkbox"/>
298599	WELL	XX	05/12/2014	LO	045-17280	CHEVRON 6-16D	ND	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	2	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical containers 1 at wells 1 at separators		

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	100 BBLS	PBV STEEL	,
S/A/V:	SATISFACTORY		Comment: No Airs id on tank	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
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Comment	
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Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	HEATED STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Airs Id #045-2188-001 Air quaility permit 11GA3664 on north 300 bbl tank. No id on south tank.	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
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Comment	
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Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335966

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
Environmental	lujanc	Before backfilling the pit, statistically representative DISCRETE samples of walls/bottom of the pit will be collected and sampled for TPH and PAHs. Representative discrete confirmation samples will be collected from the landfarmed soil for TPH, PAHs and SAR, pH, Arsenic. Arsenic background samples from nearby native soil (upgradient and cross-gradient of the pad) will be collected to compare arsenic background concentrations with impacted soil arsenic concentrations. A form 04, Notice of Completion will be submitted when pit and landfarmed material are in compliance with Table 910-1 and arsenic concentrations are below or at the max background concentration + 10%.	10/02/2013

S/A/V: SATISFACTORY**Comment:** Land farming in south east corner.**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: 298589 Type: WELL API Number: 045-17270 Status: XX Insp. Status: ND

Inspector Name: LONGWORTH, MIKE

Facility ID:	298590	Type:	WELL	API Number:	045-17271	Status:	XX	Insp. Status:	ND
Facility ID:	298591	Type:	WELL	API Number:	045-17272	Status:	XX	Insp. Status:	ND
Facility ID:	298592	Type:	WELL	API Number:	045-17273	Status:	XX	Insp. Status:	ND
Facility ID:	298593	Type:	WELL	API Number:	045-17274	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298594	Type:	WELL	API Number:	045-17275	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298595	Type:	WELL	API Number:	045-17276	Status:	XX	Insp. Status:	ND
Facility ID:	298596	Type:	WELL	API Number:	045-17277	Status:	XX	Insp. Status:	ND
Facility ID:	298597	Type:	WELL	API Number:	045-17278	Status:	XX	Insp. Status:	ND
Facility ID:	298598	Type:	WELL	API Number:	045-17279	Status:	XX	Insp. Status:	ND
Facility ID:	298599	Type:	WELL	API Number:	045-17280	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:

Lat _____ Long _____

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

Field Parameters:

Sample 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? _____ Production areas stabilized ? _____

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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

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 _____

Gravel removed _____

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

Compaction alleviation _____ Dust and erosion control _____

Inspector Name: LONGWORTH, MIKE

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
		Ditches	Pass			
		Culverts	Pass			
Gravel	Pass					
Ditches	Pass					
Seeding						
		Compaction	Pass			
Berms	Pass					
		Check Dams	Pass			
		Gravel	Pass			
Compaction	Pass					

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

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT