

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



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Inspection Date:
04/02/2015

Document Number:
674701207

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335917</u>	<u>335917</u>	<u>LONGWORTH, MIKE</u>	<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
White, Brent		bwhite@linnenergy.com	Production Foreman
Ghani, Debbie	303-999-4016	dghani@linnenergy.com	Regulatory Compliance Supervisor
Burns, Bryan		bburns@linnenergy.com	
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	

Compliance Summary:

QtrQtr:	<u>SWNW</u>	Sec:	<u>33</u>	Twp:	<u>5S</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)
06/02/2014	663903276			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
294152	WELL	PR	11/12/2009	GW	045-15279	CHEVRON 33-18D	PR	<input checked="" type="checkbox"/>
294153	WELL	PR	09/09/2009	GW	045-15280	CHEVRON 33-19D	PR	<input checked="" type="checkbox"/>
294154	WELL	PR	11/12/2009	GW	045-15281	CHEVRON 33-22D	PR	<input checked="" type="checkbox"/>
294155	WELL	PR	09/16/2009	GW	045-15282	CHEVRON 33-24D	PR	<input checked="" type="checkbox"/>
294156	WELL	PR	09/18/2009	GW	045-15283	CHEVRON 33-23D	PR	<input checked="" type="checkbox"/>
294157	WELL	PR	11/16/2009	GW	045-15284	CHEVRON 33-21D	PR	<input checked="" type="checkbox"/>
294158	WELL	AL	11/21/2008	LO	045-15285	CHEVRON 33-21D	AL	<input type="checkbox"/>
294159	WELL	PR	09/20/2009	GW	045-15286	CHEVRON 33-20D	PR	<input checked="" type="checkbox"/>

294160	WELL	PA	08/12/2014	GW	045-15287	CHEVRON 33-17D	PA	<input checked="" type="checkbox"/>
414675	PIT		12/08/2009		-	E-33		<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
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____
 Comment: 970-285-2200
 Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
LOCATION	SATISFACTORY	Fence around reclaim areas		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	2	SATISFACTORY	Chemical containers at wells		
Horizontal Heated Separator	8	SATISFACTORY			
Bird Protectors	7	SATISFACTORY			
Plunger Lift	7	SATISFACTORY			

Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE	GPS
CONDENSATE	1	100 BBLS	PBV STEEL	,	

S/A/V:	SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	39.573830,-108.182430	
S/A/V:	SATISFACTORY	Comment:	No air id. on tank		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	500 gallon				
Other (Type)	_____				
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment: At separators					
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	HEATED STEEL AST	,	
S/A/V:	SATISFACTORY	Comment:	Airs id # 045-2117-001 on north west tank. No air id. on the other 2 tanks		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	

Comment	
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Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335917

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

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

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:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: <u>294152</u>	Type: <u>WELL</u>	API Number: <u>045-15279</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: **Producing well**

Facility ID: 294153 Type: WELL API Number: 045-15280 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294154 Type: WELL API Number: 045-15281 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294155 Type: WELL API Number: 045-15282 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294156 Type: WELL API Number: 045-15283 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294157 Type: WELL API Number: 045-15284 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294159 Type: WELL API Number: 045-15286 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 294160 Type: WELL API Number: 045-15287 Status: PA Insp. Status: PA

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: _____

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass 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 REVEGETATION

Cropland

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 _____

Inspector Name: LONGWORTH, MIKE

Access Roads Regraded _____ Contoured _____ Culverts removed _____
 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
		Culverts	Pass			
Seeding						
				MHSP		Secondary containment under chemical container
				SR		In blue barrel in tank berm
		Compaction	Pass			
		Ditches	Pass			
Berms	Pass					
Compaction	Pass					
		Check Dams	Pass			
Gravel	Pass					
Ditches	Pass					
		Gravel	Pass			
				VT		Speed limit set and truck watering roads
Check Dams	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	414675	1631360	