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State of Colorado Oil and Gas Conservation Commission



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

CENTRALIZED E&P WASTE MANAGEMENT FACILITY PERMIT

Submit this Form and accompanying documents for each facility per Rule 908. Financial Assurance in the amount of \$50,000 is required to operate each facility.

FOR OGCC USE ONLY

Rec. 7/18/15 ASR

Surety ID: _____

OGCC Operator Number: 10091
Name of Operator: LINN Operating Inc.
Address: 1999 Broadway Street, Suite 3700
City: Denver State: CO Zip: 80202
Contact Name and Telephone:
Bryan Burns
No: 303.999.4245
Fax: _____

Complete the Attachment Checklist

	Operator	OGCC
Site description (topo, geo, hydro)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Adjacent land use description	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Topographic map	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Site drainage map with structures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Scaled drawing and survey map	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Facility design & engineering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Operating plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Water analysis report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Financial assurance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Closure plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local gov't zoning compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local gov't permits and notice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Surface Owner (if different than above): Berry Petroleum Company, et al (See Attachment A)
Address: 1999 Broadway Street, Suite 3700
City: Denver State: CO Zip: 80202 Phone: 303.999.4245

Facility Name: O-29 Centralized E&P Waste Mgmt Facility
Address: _____
City: Parachute State: CO Zip: _____
Phone: _____ Fax: _____
Location (QtrQtr, Sec, Twp, Rng, Mer): SWSE, Sect 29, T5S, R96W, 6th PM
Latitude: 39.580278 39.579531
Longitude: 108.193080 -108.191265

1. Is the site in a sensitive area? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. What are the average annual precipitation and evaporation rates for the site? Precipitation: ~16 inches/year Evaporation: ~40 inches/year
3. Has a description of the site's general topography, geology and hydrology been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
4. Has a description of the adjacent land use been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	5. Has a 1:24,000 topographic map showing the site location been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. Has a site plan showing drainage patterns, diversion or containment structures, roads, fencing, tanks, pits, buildings and any other pertinent construction details been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
7. If site is not owned by the operator, is written authorization of the surface owner attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	8. Has a scaled drawing and survey showing the entire section(s) containing the proposed facility been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
9. What measures have been implemented to limit access to the facility by wildlife, domestic animals or by members of the public? Briefly explain. <u>Access to members of the public is restricted by the guard shack at the beginning of Garden Gulch Road. Access to the impoundment by wildlife and domestic animals is restricted by an 8-ft high wildlife fence around the perimeter of the impoundment.</u>	
10. Is there a planned firelane of at least 10 feet in width around the active treatment areas and within the perimeter fence? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	11. Is there an additional buffer zone of at least 10 feet within the perimeter firelane? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
12. Have surface water diversion structures been constructed to accommodate a 100-year, 24-hour event? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	13. Has a waste profile been calculated according to Rule 908.b.6? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
14. Has facility design and engineering been provided as required by Rule 908.b.7? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	15. Has an operating plan been completed as required by Rule 908.b.8? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
16. Has ground water monitoring for the site been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N ***Attach Water Analysis Report, Form 25, for each monitoring well installed.***	
17. Has financial assurance been provided as required by Rule 704? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	18. Has a closure plan been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
19. Have local government requirements for zoning and construction been complied with? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	20. Have permits and notifications required by local governments and other agencies been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Print Name: Bryan Burns

Signed: [Signature] Title: Senior EH&S Representative Date: 4/6/2015

OGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Facility Number: 442514