

**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 |
|----|----|----|----|

Inspection Date:  
07/24/2015

Document Number:  
674701634

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>335841</u> | <u>335841</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>600 TRAVIS STREET #5100</u>                       |
| City:                 | <u>HOUSTON TX</u> State: <u>TX</u> Zip: <u>77002</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                             |
|-----------------|--------------|--------------------------|-------------------------------------|
| Foster, Michael | 281-840-4375 | MFoster@linnenergy.com   | Regulatory Compliance Specialist II |
| White, Brent    |              | bwhite@linnenergy.com    | Production Foreman                  |
| Johnson, Derek  | 970-285-2200 | dsjohnson@linnenergy.com |                                     |
| Burns, Bryan    |              | bburns@linnenergy.com    |                                     |
| Burger, Craig   |              | craig.burger@state.co.us |                                     |
| Lujan, Carlos   |              | carlos.lujan@state.co.us |                                     |

**Compliance Summary:**

|         |             |      |           |      |           |        |            |
|---------|-------------|------|-----------|------|-----------|--------|------------|
| QtrQtr: | <u>NWSE</u> | Sec: | <u>20</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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/22/2014 | 663903228 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |
| 10/02/2013 | 663902258 |            |             | SATISFACTORY                  | F        |                | No              |
| 10/02/2013 | 663902259 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 286734      | WELL | XX     | 10/04/2013  | LO         | 045-12771 | CHEVRON 20-28D    | ND          | <input checked="" type="checkbox"/> |
| 286735      | WELL | XX     | 10/03/2013  | LO         | 045-12770 | CHEVRON 20-21D    | ND          | <input checked="" type="checkbox"/> |
| 286736      | WELL | PA     | 03/25/2010  | DA         | 045-12769 | CHEVRON 20-30D-ST | PA          | <input checked="" type="checkbox"/> |
| 286737      | WELL | XX     | 10/03/2013  | LO         | 045-12768 | CHEVRON 20-19D    | ND          | <input checked="" type="checkbox"/> |
| 286738      | WELL | XX     | 10/03/2013  | LO         | 045-12767 | CHEVRON 20-18D    | ND          | <input checked="" type="checkbox"/> |
| 286739      | WELL | XX     | 10/03/2013  | LO         | 045-12766 | CHEVRON 20-17D    | ND          | <input checked="" type="checkbox"/> |

|        |      |    |            |    |           |                |    |                                     |
|--------|------|----|------------|----|-----------|----------------|----|-------------------------------------|
| 290186 | WELL | PR | 08/16/2010 | GW | 045-14045 | CHEVRON 20-31D | PR | <input checked="" type="checkbox"/> |
| 290187 | WELL | XX | 10/03/2013 | LO | 045-14044 | CHEVRON 20-32D | ND | <input checked="" type="checkbox"/> |
| 423848 | PIT  | AC | 07/28/2011 |    | -         | CHEVRON J-20   | 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**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| 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: 970-285-2200

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

| <b>Good Housekeeping:</b> |                              |                        |                   |         |
|---------------------------|------------------------------|------------------------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment                | Corrective Action | CA Date |
| WEEDS                     | SATISFACTORY                 | Continue weed control. |                   |         |

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

| <b>Fencing/:</b> |                              |                         |                   |         |
|------------------|------------------------------|-------------------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment                 | Corrective Action | CA Date |
| LOCATION         | SATISFACTORY                 | Reclaim seeded area (s) |                   |         |
| WELLHEAD         | SATISFACTORY                 |                         |                   |         |

| <b>Equipment:</b>           |   |                              |         |                   |         |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Bird Protectors             | 3 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |         |                   |         |

|                     |   |              |                     |  |
|---------------------|---|--------------|---------------------|--|
| Ancillary equipment | 2 | SATISFACTORY | Chemical containers |  |
| Plunger Lift        | 1 | SATISFACTORY |                     |  |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

|          |   |          |             |        |
|----------|---|----------|-------------|--------|
| Contents | # | Capacity | Type        | SE GPS |
| METHANOL | 1 | <50 BBLS | PLASTIC AST | ,      |

S/A/V: SATISFACTORY Comment: \_\_\_\_\_

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

Paint

Condition \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) 500 gallons \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|       |          |                     |                     |             |
|-------|----------|---------------------|---------------------|-------------|
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Other | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

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

Comment **Poly containment**

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

|            |   |          |           |        |
|------------|---|----------|-----------|--------|
| Contents   | # | Capacity | Type      | SE GPS |
| CONDENSATE | 1 | 100 BBLS | 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 |          |                     |                     |             |

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

Comment \_\_\_\_\_

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

|            |   |          |           |        |
|------------|---|----------|-----------|--------|
| Contents   | # | Capacity | Type      | SE GPS |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | ,      |

S/A/V: SATISFACTORY Comment: **Air id # 045-2189-001**

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

Paint

Condition Adequate

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

|                    |          |                     |                     |                 |
|--------------------|----------|---------------------|---------------------|-----------------|
| Other (Type) _____ |          |                     |                     |                 |
| <b>Berms</b>       |          |                     |                     |                 |
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Metal              | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action  |          |                     |                     | Corrective Date |
| Comment            |          |                     |                     |                 |

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
| NO              |         |

|                 |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                              |         |                   |         |
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 335841

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AV:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AV:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AV:** \_\_\_\_\_ **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: 286734 Type: WELL API Number: 045-12771 Status: XX Insp. Status: ND

Facility ID: 286735 Type: WELL API Number: 045-12770 Status: XX Insp. Status: ND

Facility ID: 286736 Type: WELL API Number: 045-12769 Status: PA Insp. Status: PA

Facility ID: 286737 Type: WELL API Number: 045-12768 Status: XX Insp. Status: ND

Facility ID: 286738 Type: WELL API Number: 045-12767 Status: XX Insp. Status: ND

Facility ID: 286739 Type: WELL API Number: 045-12766 Status: XX Insp. Status: ND

|                            |                   |                              |                   |                         |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|
| Facility ID: <u>290186</u> | Type: <u>WELL</u> | API Number: <u>045-14045</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

**Producing Well**

Comment: Producing well

|                            |                   |                              |                   |                         |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|
| Facility ID: <u>290187</u> | Type: <u>WELL</u> | API Number: <u>045-14044</u> | Status: <u>XX</u> | Insp. Status: <u>ND</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

**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 \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding          | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 |                         |                       | MHSP          | Pass                     |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
|         | 423848      | 1642036    |                 |

**COGCC Comments**

| Comment  | User     | Date       |
|--|----------|------------|
| Well 20-30D-ST api # 045-12769 has been plugged and abandoned now has an above ground dry hole marker. Pit and outter edges of location reclaimed and seeded | longworm | 07/24/2015 |