

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:
08/05/2015

Document Number:
674701691

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>415486</u>	<u>335991</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
Burns, Bryan		bburns@linnenergy.com	
White, Brent		bwhite@linnenergy.com	Production Foreman
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	

Compliance Summary:

QtrQtr: _____ Sec: _____ Twp: _____ Range: _____

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/23/2015	674701311	AC	AC	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293403	WELL	PR	10/06/2010	GW	045-14963	SCHOOL HOUSE POINT OM 11B K15 696	PR	<input checked="" type="checkbox"/>
293412	WELL	XX	11/06/2013	LO	045-14972	SCHOOL HOUSE POINT OM11A K15 696	ND	<input checked="" type="checkbox"/>
293413	WELL	DA	06/14/2008	GW	045-14973	SCHOOL HOUSE POINT OM 11D K15 696	DA	<input checked="" type="checkbox"/>
293414	WELL	PR	07/02/2013	GW	045-14974	SCHOOL HOUSE POINT OM 10B K15 696	PR	<input checked="" type="checkbox"/>
293415	WELL	XX	11/06/2013	LO	045-14975	SCHOOL HOUSE POINT OM10A K15	ND	<input checked="" type="checkbox"/>
293416	WELL	XX	11/06/2013	LO	045-14976	SCHOOL HOUSE POINT OM07C K15 696	ND	<input checked="" type="checkbox"/>
293417	WELL	PR	10/06/2010	GW	045-14977	SCHOOL HOUSE POINT OM 14A K15 696	PR	<input checked="" type="checkbox"/>
293418	WELL	PR	10/06/2010	GW	045-14978	SCHOOL HOUSE POINT OM 11DR K15 696	PR	<input checked="" type="checkbox"/>

415486	PIT	AC	02/10/2010	-	OLD MOUNTAIN K-15	AC	<input checked="" type="checkbox"/>
441685	SPILL OR RELEASE	CL	05/01/2015	-	SPILL/RELEASE POINT	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
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

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
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	4	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical container		

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST		
S/A/V:	SATISFACTORY		Comment: _____		
Corrective Action:	_____			Corrective Date:	_____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 500 gallons _____

Other (Type) _____

Berms

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

Corrective Action	_____	Corrective Date	_____
Comment	_____		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	100 BBLs	PBV STEEL	,

S/A/V:	SATISFACTORY	Comment:	_____
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 Sufficient	Base Sufficient	Adequate

Corrective Action	_____	Corrective Date	_____
Comment	_____		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLs	HEATED STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	_____
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 Sufficient	Base Sufficient	Adequate

Corrective Action	_____	Corrective Date	_____
Comment	_____		

Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 415486

Site Preparation:

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

S/AV: _____

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/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: 293403 Type: WELL API Number: 045-14963 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293412 Type: WELL API Number: 045-14972 Status: XX Insp. Status: ND

Facility ID: 293413 Type: WELL API Number: 045-14973 Status: DA Insp. Status: DA

Facility ID: 293414 Type: WELL API Number: 045-14974 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293415 Type: WELL API Number: 045-14975 Status: XX Insp. Status: ND

Facility ID: 293416 Type: WELL API Number: 045-14976 Status: XX Insp. Status: ND

Facility ID: 293417 Type: WELL API Number: 045-14977 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293418 Type: WELL API Number: 045-14978 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 415486 Type: PIT API Number: - Status: AC Insp. Status: AC

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? _____ 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 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 _____

Inspector Name: LONGWORTH, MIKE

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
Berms	Pass					
				MHSP	Pass	
Compaction	Pass					
		Check Dams	Pass			
		Ditches	Pass			

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

Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT

Pit Type: _____ Lined: NO Pit ID: 415486 Lat: 39.522310 Long: -108.097100

Lining:
 Liner Type: _____ Liner Condition: _____
 Comment: Liner has been removed.

Fencing:
 Fencing Type: _____ Fencing Condition: _____
 Comment: _____

Netting:
 Netting Type: _____ Netting Condition: _____
 Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____
 Pit (S/A/V): SATISFACTOR Comment: Pit in closer process.
 Corrective Action: _____ Date: _____

Permit:

Facility ID	Permit Num	Expiration Date
415486	1632597	
415486	1632597	