

**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:

10/23/2015

Document Number:

674701972

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335585 | 335585 | LONGWORTH, MIKE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10516Name of Operator: LINN OPERATING INCAddress: 600 TRAVIS STREET #5100City: HOUSTON State: TX Zip: 77002

- ☐ 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 |
|-----------------|--------------|--------------------------|-------------------------------------|
| Johnson, Derek | 970-285-2200 | dsjohnson@linnenergy.com | |
| White, Brent | | bwhite@linnenergy.com | Production Foreman |
| Burns, Bryan | | bburns@linnenergy.com | |
| Foster, Michael | 281-840-4375 | MFoster@linnenergy.com | Regulatory Compliance Specialist II |

Compliance Summary:QtrQtr: SWSW Sec: 4 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/17/2015 | 674701287 | | | SATISFACTORY | | | No |
| 12/30/2014 | 674700807 | | | SATISFACTORY | | | No |
| 04/08/2014 | 671000021 | | | SATISFACTORY | | | No |
| 08/19/2013 | 663901638 | | | SATISFACTORY | F | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 280441 | WELL | PR | 07/11/2012 | GW | 045-11254 | CHEVRON 5-333D | PR | <input checked="" type="checkbox"/> |
| 280442 | WELL | PR | 08/01/2012 | GW | 045-11255 | CHEVRON 5-432D | PR | <input checked="" type="checkbox"/> |
| 280443 | WELL | PR | 07/11/2012 | GW | 045-11256 | CHEVRON 5-433D | PR | <input checked="" type="checkbox"/> |
| 280444 | WELL | PR | 08/01/2012 | GW | 045-11257 | CHEVRON 5-332D | PR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
| CONTAINERS | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | 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 |
| Ancillary equipment | 1 | SATISFACTORY | Chemical container at well. | | |
| Bird Protectors | 2 | SATISFACTORY | | | |
| Pig Station | 1 | SATISFACTORY | | | |
| Horizontal Heated Separator | 4 | SATISFACTORY | | | |
| Plunger Lift | 4 | 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 | | | | |

Inspector Name: LONGWORTH, MIKE

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 | 3 | 300 BBLS | STEEL AST | , |

| | | | |
|--------------------|--------------|------------------|------------------------------------|
| S/A/V: | SATISFACTORY | Comment: | Airs id on stair case 045-1324-001 |
| Corrective Action: | | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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: 335585

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:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 280441 Type: WELL API Number: 045-11254 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280442 Type: WELL API Number: 045-11255 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280443 Type: WELL API Number: 045-11256 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280444 Type: WELL API Number: 045-11257 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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? Pass CM CA Date
 Waste Material Onsite? Pass CM CA Date
 Unused or unneeded equipment onsite? Pass CM CA Date
 Pit, cellars, rat holes and other bores closed? CM CA Date
 Guy line anchors removed? CM CA Date
 Guy line anchors marked? CM CA Date

1003b. Area no longer in use? Production areas stabilized ?

Inspector Name: LONGWORTH, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Compaction | Pass | | | |
| | | Gravel | Pass | | | |
| | | Drains | Pass | | | |
| Gravel | Pass | | | | | |
| Seeding | Pass | | | | | |
| | | | | MHSP | Pass | |
| | | Culverts | Pass | | | |
| Compaction | Pass | | | | | |

Inspector Name: LONGWORTH, MIKE

| | | | | | | |
|---|--|------------|------|--|--|--|
| | | Check Dams | Pass | | | |
| S/A/V: SATISFACTOR Corrective Date: _____ | | | | | | |
| Y _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |
| Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT | | | | | | |