

**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:
10/27/2015Document Number:
674701982Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335965	335965	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
White, Brent		bwhite@linnenergy.com	Production Foreman
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Burns, Bryan		bburns@linnenergy.com	

Compliance Summary:QtrQtr: NENW Sec: 29 Twp: 5S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/17/2014	674700599			SATISFACTORY			No
06/02/2014	663903275			SATISFACTORY			No
09/18/2013	663902210			SATISFACTORY	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
287089	WELL	XX	05/23/2013	LO	045-12878	CHEVRON 29-13D	ND	<input checked="" type="checkbox"/>
287090	WELL	XX	05/23/2013	LO	045-12877	CHEVRON 29-14D	ND	<input checked="" type="checkbox"/>
287091	WELL	PR	01/11/2010	GW	045-12876	CHEVRON 29-15D	PR	<input checked="" type="checkbox"/>
287092	WELL	XX	05/23/2013	LO	045-12875	CHEVRON 29-16D	ND	<input checked="" type="checkbox"/>
287093	WELL	XX	05/23/2013	LO	045-12874	CHEVRON 29-7D	ND	<input checked="" type="checkbox"/>
287094	WELL	XX	05/12/2015	LO	045-12873	CHEVRON 29-8D	ND	<input checked="" type="checkbox"/>
287095	WELL	PR	01/11/2010	GW	045-12872	CHEVRON 29-12D	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

287096	WELL	PR	02/13/2012	GW	045-12871	CHEVRON 29-11D	PR	<input checked="" type="checkbox"/>
298426	WELL	PR	02/13/2012	GW	045-17201	CHEVRON 29-3D	PR	<input checked="" type="checkbox"/>
298427	WELL	XX	05/23/2013	LO	045-17202	CHEVRON 29-5D	ND	<input checked="" type="checkbox"/>
298428	WELL	XX	05/26/2015	LO	045-17203	CHEVRON 29-6D	ND	<input checked="" type="checkbox"/>
420685	PIT		09/03/2009		-	CHEVRON CD-29		<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>11</u>	Production Pits: <u>1</u>
Condensate Tanks: <u>3</u>	Water Tanks: <u>2</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
LOCATION	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Chemical container at wells.		
Horizontal Heated Separator	4	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			

Inspector Name: LONGWORTH, MIKE

Plunger Lift	4	SATISFACTORY			
--------------	---	--------------	--	--	--

Facilities: ☐ 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
-----------	----------

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
-----------	----------

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	4	300 BBLS	HEATED STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	Air id 045-2119-001
--------	--------------	----------	---------------------

Corrective Action:		Corrective Date:	
--------------------	--	------------------	--

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Inspector Name: LONGWORTH, MIKE

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	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: 335965

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	<p>GENERAL ROAN RIM COAs:</p> <p>Notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to start of construction.</p> <p>Reserve pit, or any other pit used to contain/hold fluids, if constructed, must be lined or a closed loop system (as indicated on the Form 2A Permit application by operator in Section 6. Construction) must be implemented during drilling.</p> <p>The nearby hillside must be monitored for any day-lighting of drilling fluids throughout the drilling of the surface casing interval.</p> <p>Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.</p> <p>No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.</p> <p>Flowback and stimulation fluids must be sent to tanks to allow the sand to settle out before the fluids can be placed into any pipeline or pit located on the well pad. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). In addition, operator must implement odor controls during fracing operations.</p> <p>Notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to start of fracing operations.</p> <p>Berms or other containment devices shall be constructed in compliance with Rule 604.a.(4) around crude oil, condensate, and produced water storage tanks.</p>	02/07/2011
OGLA	kubeczko	<p>NOTICE TO OPERATORS (NTO) DRILLING WELLS ON THE ROAN PLATEAU IN GARFIELD COUNTY:</p> <p>Comply with all provisions of the June 12, 2008 Notice to Operators (NTO) Drilling Wells Within ¼ Mile of the Rim of the Roan Plateau in Garfield County – Pit Design, Construction, and Monitoring Requirements. At a minimum, the following condition of approval (COA) will apply:</p> <p>All pits (if constructed) must be lined.</p>	02/07/2011

OGLA	kubeczkod	SENSITIVE AREA (CLOSE PROXIMITY TO SURFACE WATER) COAs:	02/07/2011
		Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	
		Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines.	

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Drilling/Completion Operations	<p>The following list of Best Management Practices (BMP's) that will be implemented by Berry Petroleum Company during the pad construction, well drilling, well completion, natural gas production and reclamation phases of activity on the Chevron CD-29 596 well Pad. A total of 11 wells have and/or will be directionally drilled from the CD-29 well pad. Directional drilling has enabled Berry Petroleum Company to reduce the number of well pads required for gas recovery and will minimize surface damage.</p> <p>The CD-29 well pad will be constructed adjacent to an existing road. This eliminates the need to construct an additional road for access and avoids additional surface disturbance.</p> <p>In general, Berry Petroleum Company will comply with all applicable federal, state and local statutes, rules, regulations and ordinances, including those of OSHA, the COGCC and the CDPHE. Relating to safety and the environment.</p> <p>During construction of the well pad, topsoil will be isolated from other soils and placed and stacked per COGCC requirements. All cuts, fill slopes, pits and topsoil piles will be stabilized and revegetated immediately following construction.</p> <p>The pad will be constructed in compliance with CDPHE Stormwater Discharge regulations. The reserve/completion pit will be fenced/flagged and/or netted to prevent entry of wildlife (including birds) and livestock.</p> <p>Bear proof dumpsters/trash cans will be used on the location for solid/food waste disposal. Noxious weeds will be controlled.</p> <p>Temporary housing for the drill rig crews will meet all Garfield County regulations. The housing quarters will receive 24/7 supervision by Berry Petroleum Company.</p> <p>Production tanks shall be placed on a non-permeable liner and surrounded by a metal containment wall at least 3 feet in height.</p>

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:

--

Inspector Name: LONGWORTH, MIKE

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 287089 Type: WELL API Number: 045-12878 Status: XX Insp. Status: ND

Facility ID: 287090 Type: WELL API Number: 045-12877 Status: XX Insp. Status: ND

Facility ID: 287091 Type: WELL API Number: 045-12876 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287092 Type: WELL API Number: 045-12875 Status: XX Insp. Status: ND

Facility ID: 287093 Type: WELL API Number: 045-12874 Status: XX Insp. Status: ND

Facility ID: 287094 Type: WELL API Number: 045-12873 Status: XX Insp. Status: ND

Facility ID: 287095 Type: WELL API Number: 045-12872 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287096 Type: WELL API Number: 045-12871 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298426 Type: WELL API Number: 045-17201 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298427 Type: WELL API Number: 045-17202 Status: XX Insp. Status: ND

Facility ID: 298428 Type: WELL API Number: 045-17203 Status: XX Insp. Status: ND

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: RANGELAND

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 REVEGETATIONCropland

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:

Inspector Name: LONGWORTH, MIKE

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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
		Culverts	Pass			
		Gravel	Pass			
		Check Dams	Pass			
		Ditches	Pass			
Berms	Pass					
Seeding	Pass					
Gravel	Pass					
Ditches	Pass					
				MHSP	Pass	
Compaction	Pass					
		Compaction	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	420685	1171084	
	420685	1171084	

COGCC Comments

Comment	User	Date	
7 cellars with conductors and ratholes. Some lids missing from top of conductor and rathole pipes.	longworm	10/27/2015	