

**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:  
12/21/2015Document Number:  
674702219Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335583      | 335583 | 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                             |
|-----------------|--------------|--------------------------|-------------------------------------|
| Burns, Bryan    |              | bburns@linnenergy.com    |                                     |
| Foster, Michael | 281-840-4375 | MFoster@linnenergy.com   | Regulatory Compliance Specialist II |
| Johnson, Derek  | 970-285-2200 | dsjohnson@linnenergy.com |                                     |
| White, Brent    |              | bwhite@linnenergy.com    | Production Foreman                  |

**Compliance Summary:**QtrQtr: SWSE Sec: 36 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/11/2015 | 674701064 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |
| 08/19/2013 | 663901655 |            |             | SATISFACTORY                  | I        |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| 277157      | WELL | PR     | 12/28/2005  | GW         | 045-10626 | CHEVRON 36-32D  | PR          | <input checked="" type="checkbox"/> |
| 277158      | WELL | PR     | 12/28/2005  | GW         | 045-10625 | CHEVRON 36-42D  | PR          | <input checked="" type="checkbox"/> |
| 279866      | WELL | PR     | 10/12/2007  | GW         | 045-11087 | CHEVRON 36-423D | PR          | <input checked="" type="checkbox"/> |
| 279867      | WELL | PR     | 09/24/2007  | GW         | 045-11088 | CHEVRON 36-322D | PR          | <input checked="" type="checkbox"/> |
| 279868      | WELL | PR     | 09/28/2007  | GW         | 045-11089 | CHEVRON 36-422D | PR          | <input checked="" type="checkbox"/> |
| 279869      | WELL | PR     | 10/03/2007  | GW         | 045-11090 | CHEVRON 36-412D | PR          | <input checked="" type="checkbox"/> |
| 279870      | WELL | PR     | 09/24/2007  | GW         | 045-11091 | CHEVRON 36-323D | PR          | <input checked="" type="checkbox"/> |
| 291050      | WELL | PR     | 09/24/2007  | GW         | 045-14281 | CHEVRON 36-9D   | PR          | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

|        |      |    |            |    |           |               |    |                                     |
|--------|------|----|------------|----|-----------|---------------|----|-------------------------------------|
| 291051 | WELL | PR | 04/14/2009 | GW | 045-14282 | CHEVRON 36-8D | PR | <input checked="" type="checkbox"/> |
| 291052 | WELL | PR | 10/30/2007 | GW | 045-14283 | CHEVRON 36-7D | PR | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                             |                        |                     |                         |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | 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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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

| Type     | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY                 |         |                   |         |

**Equipment:**

|                                   |      |                               |              |
|-----------------------------------|------|-------------------------------|--------------|
| Type: Horizontal Heated Separator | # 10 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |      |                               |              |
| Corrective Action                 |      |                               |              |
| Type: Plunger Lift                | # 10 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |      |                               |              |
| Corrective Action                 |      |                               |              |
| Type: Bird Protectors             | # 6  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |      |                               |              |
| Corrective Action                 |      |                               |              |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|----------|---|----------|------|--------|

Inspector Name: LONGWORTH, MIKE

|                    |              |          |           |                  |  |
|--------------------|--------------|----------|-----------|------------------|--|
| CONDENSATE         | 1            | 100 BBLS | STEEL AST | ,                |  |
| S/AR               | 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/AR               | 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           |          |                     |                     |                 |

Venting:

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

Flaring:

|                    |                              |  |                      |
|--------------------|------------------------------|--|----------------------|
| Type               | Satisfactory/Action Required |  |                      |
| Comment:           |                              |  |                      |
| Corrective Action: |                              |  | Correct Action Date: |

**Predrill**

Location ID: 335583

**Site Preparation:**

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

**S/A/V:** \_\_\_\_\_

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

**Form 2A COAs:**

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\cFormReports\Insp\InspCOA.rdl. Please check t

**S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:**

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\cFormReports\Insp\InspBMP.rdl. Please check t

**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: 277157 Type: WELL API Number: 045-10626 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 277158 Type: WELL API Number: 045-10625 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 279866 Type: WELL API Number: 045-11087 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 279867 Type: WELL API Number: 045-11088 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 279868 Type: WELL API Number: 045-11089 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 279869 Type: WELL API Number: 045-11090 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 279870 Type: WELL API Number: 045-11091 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 291050 Type: WELL API Number: 045-14281 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 291051 Type: WELL API Number: 045-14282 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 291052 Type: WELL API Number: 045-14283 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:**

DWR Receipt Num: Owner Name: GPS: Lat Long

**Field Parameters:**

Sample Location:

Inspector Name: LONGWORTH, MIKE

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: \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Check Dams              | Pass                  |               |                          |         |
| Seeding          | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y

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

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT