

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:
12/21/2015

Document Number:
674702219

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335583</u>	<u>335583</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> 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
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:	<u>SWSE</u>	Sec:	<u>36</u>	Twp:	<u>5S</u>	Range:	<u>96W</u>
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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			ACTION REQUIRED			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"/>

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 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
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
<input type="checkbox"/> 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				Date:
Type: Plunger Lift	# 10	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 6	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS

Inspector Name: LONGWORTH, MIKE

CONDENSATE	1	100 BBLs	STEEL AST	
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S/AR	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				

Corrective Action		Corrective Date	
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Comment	
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Facilities: New Tank Tank ID: _____

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

S/AR	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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Venting:

Yes/No	NO
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Comment	
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Flaring:

Type	Satisfactory/Action Required
Comment:	

Corrective Action:		Correct Action Date:	
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Predrill

Location ID: 335583

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

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

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

CA: _____ **Date:** _____

Wildlife BMPs:

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

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: 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:

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 _____ 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 Corrective Date: _____
Y _____

Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT