

**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

Inspection Date:

03/14/2016

Document Number:

680400397

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 289021 | 335836 | BROWNING, CHUCK | <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 | (303) 999-4245 | bburns@linnenergy.com | Sr. EHS |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:

| QtrQtr: | SWSE | 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) |
| 10/27/2015 | 680400250 | IJ | SI | SATISFACTORY | | | No |
| 07/28/2014 | 668402482 | IJ | AC | SATISFACTORY | P | | No |
| 07/16/2012 | 663800432 | PR | PD | SATISFACTORY | | | No |
| 08/31/2010 | 200273100 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:Routine UIC inspection.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 159384 | UIC DISPOSAL | AC | 08/13/2012 | | - | LATHAM 29-17D | AC | <input checked="" type="checkbox"/> |
| 289019 | WELL | PR | 11/18/2010 | GW | 045-13650 | LATHAM 29-27D | PR | <input checked="" type="checkbox"/> |
| 289020 | WELL | PR | 05/31/2012 | GW | 045-13649 | LATHAM 29-18D | PR | <input checked="" type="checkbox"/> |
| 289021 | WELL | IJ | 10/27/2015 | DSPW | 045-13648 | Latham 29-17D | AC | <input checked="" type="checkbox"/> |
| 289022 | WELL | PR | 05/31/2012 | GW | 045-13647 | LATHAM 29-19D | PR | <input checked="" type="checkbox"/> |
| 289023 | WELL | DA | 09/03/2008 | DA | 045-13646 | LATHAM 29-30D | DA | <input type="checkbox"/> |
| 289024 | WELL | PR | 11/03/2010 | GW | 045-13645 | LATHAM 29-29D | PR | <input checked="" type="checkbox"/> |
| 289025 | WELL | PR | 11/18/2010 | GW | 045-13644 | LATHAM 29-25D | PR | <input checked="" type="checkbox"/> |

Inspector Name: BROWNING, CHUCK

| | | | | | | | | |
|--------|------|----|------------|----|-----------|---------------|----|-------------------------------------|
| 289026 | WELL | PR | 11/03/2010 | GW | 045-13643 | LATHAM 29-26D | PR | <input checked="" type="checkbox"/> |
| 290544 | PIT | AL | 08/31/2015 | | - | LATHAM O-29 | AL | <input 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**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY | | | |
| Main | SATISFACTORY | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

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

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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

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

Equipment:

| | | |
|---------------------------|-----------|--|
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | Generator | |
| Corrective Action | | Date: |

| | | |
|-----------------------------------|-------|--|
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment Filter house | | |
| Corrective Action | Date: | |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment Pump house | | |
| Corrective Action | Date: | |
| Type: Horizontal Heated Separator | # 3 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | Date: | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------------------|-----------------------|
| PRODUCED WATER | 5 | 300 BBLS | HEATED STEEL AST | 39.579756,-108.190545 |

| | | | |
|--------------------|--------------|----------|------------------|
| 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 | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------------------|-----------------------|
| PRODUCED WATER | 6 | 300 BBLS | HEATED STEEL AST | 39.579881,-108.192241 |

| | | | |
|--------------------|--------------|----------|------------------|
| 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: 289021

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: 159384 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 712

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection.

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 289019 Type: WELL API Number: 045-13650 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289020 Type: WELL API Number: 045-13649 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289021 Type: WELL API Number: 045-13648 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 693 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: OHCRK

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 10/27/2015

Brhd: Pressure or inches of Hg 41 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Active injection

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 289022 Type: WELL API Number: 045-13647 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289024 Type: WELL API Number: 045-13645 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289025 Type: WELL API Number: 045-13644 Status: PR Insp. Status: PR

Inspector Name: BROWNING, CHUCK

Producing Well

Comment: **Plunger lift**

Facility ID: 289026 Type: WELL API Number: 045-13643 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

Inspector Name: BROWNING, CHUCK

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

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? Pass

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? _____ P _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | Gravel | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

| | | | | |
|----------------------------|------------|---------|----------------|-------------------|
| Pit Type: Multiwell Reuse/ | Lined: YES | Pit ID: | Lat: 39.579428 | Long: -108.191151 |
|----------------------------|------------|---------|----------------|-------------------|

Lining:

Liner Type: PVC Liner Condition: Adequate

Comment:

Fencing:

Fencing Type: Netting/Fen Fencing Condition: Adequate

Comment:

Netting:

Netting Type: Fence/Net Netting Condition: Good

Comment:

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard:

| | | |
|--------------------------|----------|--|
| Pit (S/A/V): SATISFACTOR | Comment: | |
|--------------------------|----------|--|

Corrective Action: _____ Date: _____

| | | | |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
| | 290544 | 1433637 | |
| | 290544 | 1433637 | |