

**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:

04/17/2016

Document Number:

674702624

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335596	335596	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
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
White, Brent		bwhite@linnenergy.com	Production Foreman
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	

Compliance Summary:QtrQtr: NESW Sec: 17 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)
10/07/2015	674701902			SATISFACTORY			No
03/16/2015	674701085			ACTION REQUIRED			No
02/05/2014	663902757			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
285007	WELL	PR	04/12/2007	GW	045-12348	CHEVRON 18-3D	PR	<input checked="" type="checkbox"/>
285008	WELL	PR	03/27/2013	GW	045-12347	CHEVRON 18-4D	PR	<input checked="" type="checkbox"/>
285009	WELL	PR	04/04/2007	GW	045-12346	CHEVRON 18-5D	PR	<input checked="" type="checkbox"/>
285010	WELL	PR	04/18/2007	GW	045-12345	CHEVRON 18-2D	PR	<input checked="" type="checkbox"/>
285011	WELL	PR	04/18/2007	GW	045-12344	CHEVRON 18-1D	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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 970-285-2200

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	SATISFACTORY			

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

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

Equipment:

Type: Bird Protectors	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 5	Satisfactory/Action Required:	SATISFACTORY

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Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical container at wells	
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	1	100 BBLS	PBV STEEL
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

<u>Paint</u>	
Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	2	300 BBLS	HEATED STEEL AST
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

<u>Paint</u>	
Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

<u>Berms</u>				
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: 335596

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: 285007 Type: WELL API Number: 045-12348 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285008 Type: WELL API Number: 045-12347 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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Facility ID: 285009 Type: WELL API Number: 045-12346 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285010 Type: WELL API Number: 045-12345 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285011 Type: WELL API Number: 045-12344 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:

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?

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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: _____

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
		Ditches	Pass			
Gravel	Pass					

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT