

**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:

05/31/2016

Document Number:

674702763

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335716	335716	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
Burns, Bryan		bburns@linnenergy.com	
Lujan, Carlos		carlos.lujan@state.co.us	
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	

Compliance Summary:QtrQtr: SENW Sec: 1 Twp: 6S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/05/2015	674701372			ACTION REQUIRED			No
09/12/2013	663902174			ACTION REQUIRED	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
290824	WELL	PR	05/07/2014	GW	045-14204	BERRY 1-21D	PR	<input checked="" type="checkbox"/>
292174	WELL	PR	10/02/2008	GW	045-14629	BERRY 1-20D	PR	<input checked="" type="checkbox"/>
292175	WELL	PR	04/14/2009	GW	045-14628	BERRY 1-19D	PR	<input checked="" type="checkbox"/>
292176	WELL	PR	04/14/2009	GW	045-14627	BERRY 1-18D	PR	<input checked="" type="checkbox"/>
292177	WELL	DA	03/23/2008	DA	045-14626	BERRY 1-17D	DA	<input type="checkbox"/>
292178	WELL	PR	09/26/2008	GW	045-14625	BERRY 1-22D	PR	<input checked="" type="checkbox"/>
292179	WELL	XX	03/21/2014	LO	045-14624	BERRY 1-31D	ND	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

292180	WELL	XX	03/21/2014	LO	045-14623	BERRY 1-32D	ND	<input checked="" type="checkbox"/>
292181	WELL	XX	03/21/2014	LO	045-14622	BERRY 1-33D	ND	<input checked="" type="checkbox"/>
292182	WELL	XX	05/02/2012	LO	045-14621	BERRY 1-34D	ND	<input checked="" type="checkbox"/>
292183	WELL	XX	03/21/2014	LO	045-14620	BERRY 1-35D	ND	<input checked="" type="checkbox"/>
292185	WELL	PR	04/14/2009	GW	045-14619	BERRY 1-36D	PR	<input checked="" type="checkbox"/>
443326	LAND APPLICATION N SITE	AC	09/25/2015		-	Berry F01 697	AC	<input 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**Lease Road:**

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

Signs/Marker:

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

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			
PIT	SATISFACTORY			

Equipment:				
Type: Plunger Lift	# 6	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 6	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required:	SATISFACTORY	
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	SE GPS
CONDENSATE	1	100 BBLS	PBV STEEL	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

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	
Comment			

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: At separators	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Inspector Name: LONGWORTH, MIKE

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	
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Comment	Livestock tank
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Facilities: ☐ New Tank Tank ID: _____

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

S/AR	SATISFACTORY	Comment:	Air id 045-1875-001
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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
Comment	

Flaring:

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

Predrill

Location ID: 335716

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: 290824 Type: WELL API Number: 045-14204 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292174 Type: WELL API Number: 045-14629 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292175 Type: WELL API Number: 045-14628 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292176 Type: WELL API Number: 045-14627 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**Facility ID: 292178 Type: WELL API Number: 045-14625 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 292179 Type: WELL API Number: 045-14624 Status: XX Insp. Status: NDFacility ID: 292180 Type: WELL API Number: 045-14623 Status: XX Insp. Status: NDFacility ID: 292181 Type: WELL API Number: 045-14622 Status: XX Insp. Status: NDFacility ID: 292182 Type: WELL API Number: 045-14621 Status: XX Insp. Status: NDFacility ID: 292183 Type: WELL API Number: 045-14620 Status: XX Insp. Status: NDFacility ID: 292185 Type: WELL API Number: 045-14619 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: **Open pit east of wells. 39.55576 -108.17098. Landfarm in northern corner of location. 39.55637 -108.17068**

1003a. Waste and Debris removed? _____

CM _____

CA _____

CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

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

CM _____

Open pit with landfarm material east of wells. 39.55576 -108.17098.

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:

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: _____

Inspector Name: LONGWORTH, MIKE

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					
Compaction	Pass					
		Ditches	Pass			
		Culverts	Pass			
Gravel	Pass					
				MHSP	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Lined: YES Pit ID: 290695 Lat: 39.555450 Long: -108.170600

Lining:

Liner Type: 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: Oil Accumulation: NO 2+ feet Freeboard:

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

Corrective Action: Date:

COGCC Comments

Comment	User	Date
	longworm	05/31/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674702763	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3873684