

**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:	<u>10516</u>
Name of Operator:	<u>LINN OPERATING INC</u>
Address:	<u>600 TRAVIS STREET #5100</u>
City:	<u>HOUSTON</u> State: <u>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
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"/>

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 APPLICATIO 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
<input type="checkbox"/> 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
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

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

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

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

Venting:

Yes/No NO

Comment

Flaring:

Type	Satisfactory/Action Required
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Comment:

Corrective Action:	Correct Action Date:
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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 Well

Comment: 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: ND

Facility ID: 292180 Type: WELL API Number: 045-14623 Status: XX Insp. Status: ND

Facility ID: 292181 Type: WELL API Number: 045-14622 Status: XX Insp. Status: ND

Facility ID: 292182 Type: WELL API Number: 045-14621 Status: XX Insp. Status: ND

Facility ID: 292183 Type: WELL API Number: 045-14620 Status: XX Insp. Status: ND

Facility 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 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
Berms	Pass					
Compaction	Pass					
		Ditches	Pass			
		Culverts	Pass			
Gravel	Pass			MHSP	Pass	

S/A/V: SATISFACTOR Corrective Date:

Y

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