

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:
08/16/2016
Document Number:
674703047
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335872</u>	<u>335872</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</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
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	
Burns, Bryan		bburns@linnenergy.com	

Compliance Summary:

QtrQtr:	<u>SWSE</u>	Sec:	<u>33</u>	Twp:	<u>5S</u>	Range:	<u>96W</u>
---------	-------------	------	-----------	------	-----------	--------	------------

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/28/2015	674701454			SATISFACTORY			No
04/02/2015	674701202			ACTION REQUIRED			No
09/12/2013	663902177			SATISFACTORY	Fail		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292100	WELL	PR	08/22/2008	GW	045-14594	CHEVRON 33-1D	PR	<input checked="" type="checkbox"/>
292101	WELL	XX	09/10/2014	LO	045-14593	CHEVRON 33-2D	ND	<input checked="" type="checkbox"/>
292102	WELL	XX	09/10/2014	LO	045-14592	CHEVRON 33-3D	ND	<input checked="" type="checkbox"/>
292103	WELL	PR	08/01/2008	GW	045-14591	CHEVRON 33-9D	PR	<input checked="" type="checkbox"/>
292104	WELL	PR	08/01/2008	GW	045-14590	CHEVRON 33-10 D	PR	<input checked="" type="checkbox"/>
292105	WELL	PR	08/27/2008	GW	045-14589	CHEVRON 33-11D	PR	<input checked="" type="checkbox"/>
292106	WELL	XX	09/10/2014	LO	045-14588	CHEVRON 33-12D	ND	<input checked="" type="checkbox"/>

292107	WELL	XX	09/10/2014	LO	045-14587	CHEVRON 33-13D	ND	<input checked="" type="checkbox"/>
292108	WELL	PR	09/23/2008	GW	045-14586	CHEVRON 1-29D	PR	<input checked="" type="checkbox"/>
292109	WELL	PR	12/09/2009	GW	045-14585	CHEVRON 1-30 D	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			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): 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				

Equipment:				
Type: Plunger Lift	# 6	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 7	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	Chemical container at wells			
Corrective Action				Date:

Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date:	

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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
Comment				

Tanks and Berms: 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				

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Inspector Name: LONGWORTH, MIKE

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: 335872
 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: 292100 Type: WELL API Number: 045-14594 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292101 Type: WELL API Number: 045-14593 Status: XX Insp. Status: ND

Facility ID: 292102 Type: WELL API Number: 045-14592 Status: XX Insp. Status: ND

Facility ID: 292103 Type: WELL API Number: 045-14591 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292104 Type: WELL API Number: 045-14590 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292105 Type: WELL API Number: 045-14589 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292106 Type: WELL API Number: 045-14588 Status: XX Insp. Status: ND

Facility ID: 292107 Type: WELL API Number: 045-14587 Status: XX Insp. Status: ND

Facility ID: 292108 Type: WELL API Number: 045-14586 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292109 Type: WELL API Number: 045-14585 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? _____

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 <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
---------------------------	--	--

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				Material Handling And Spill Prevention	Pass	
Ditches	Pass					
Berms	Pass					
		Culverts	Pass			
		Ditches	Pass			
Compaction	Pass					
Seeding	Pass					

S/A/V: SATISFACTORY _____ Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT