

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:
06/03/2016
Document Number:
680100862

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	<u>335658</u>	<u>335658</u>	<u>Colby, Lou</u>		

Overall Inspection:
SATISFACTORY w/ CMT or AR

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
Burns, Bryan		bburns@linnenergy.com	EH&S Representative
White, Brent		bwhite@linnenergy.com	Production Foreman
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Johnson, Derick		djohnson@linnenergy.com	Field Supervisor

Compliance Summary:

QtrQtr: <u>SWSE</u>	Sec: <u>36</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)
12/21/2015	674702220			SATISFACTORY			No
03/18/2015	671000155			SATISFACTORY			No
03/11/2015	674701063			ACTION REQUIRED			No

Inspector Comment:

This is an Interim Reclamation Inspection and Stormwater focused inspection. Any Corrective Actions from previous inspections that have not been addressed are still applicable.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
283599	WELL	PR	08/01/2012	GW	045-11969	CHEVRON 36-1D	RI <input checked="" type="checkbox"/>
283645	WELL	PR	08/01/2012	GW	045-11974	CHEVRON 36-2D	RI <input checked="" type="checkbox"/>
283651	WELL	PR	08/01/2012	GW	045-11973	CHEVRON 36-3D	RI <input checked="" type="checkbox"/>
284067	WELL	PR	09/10/2006	GW	045-12066	CHEVRON 36-4D	RI <input checked="" type="checkbox"/>
284068	WELL	PR	09/13/2006	GW	045-12068	CHEVRON 36-6D	RI <input checked="" type="checkbox"/>
284069	WELL	PR	07/06/2010	GW	045-12067	CHEVRON 36-5D	RI <input checked="" type="checkbox"/>

443325	LAND APPLICATION SITE	AC	09/25/2015	-	Chevron 036B 596	RI	<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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____

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

Equipment:

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

Venting:

Yes/No	
Comment	

Flaring:

Type	Satisfactory/Action Required
------	------------------------------

Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 335658

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: <u>283599</u>	Type: <u>WELL</u>	API Number: <u>045-11969</u>	Status: <u>PR</u>	Insp. Status: <u>RI</u>
Facility ID: <u>283645</u>	Type: <u>WELL</u>	API Number: <u>045-11974</u>	Status: <u>PR</u>	Insp. Status: <u>RI</u>
Facility ID: <u>283651</u>	Type: <u>WELL</u>	API Number: <u>045-11973</u>	Status: <u>PR</u>	Insp. Status: <u>RI</u>
Facility ID: <u>284067</u>	Type: <u>WELL</u>	API Number: <u>045-12066</u>	Status: <u>PR</u>	Insp. Status: <u>RI</u>
Facility ID: <u>284068</u>	Type: <u>WELL</u>	API Number: <u>045-12068</u>	Status: <u>PR</u>	Insp. Status: <u>RI</u>

Inspector Name: Colby, Lou

Facility ID: 284069 Type: WELL API Number: 045-12067 Status: PR Insp. Status: RI

Facility ID: 443325 Type: LAND API Number: - Status: AC Insp. Status: RI

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: Landfarms on edges of location. Open pit excavation on north east corner of location.

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? In

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?

Inspector Name: Colby, Lou

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? _____ P _____

Comment: Most of what would be Interim areas are being used for Land Farming Activities.

Overall Interim Reclamation In Process

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					
Other	Fail	Other	Fail			

S/A/V: ACTION REQUIRED Corrective Date: 07/08/2016

Comment: Straw Bales at base of Fill slope on SE side of Location are degraded and breached in places. Rock Socks on Access Road are being overwhelmed.

CA: Maintain Straw bales and Rock Socks.

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

Inspector Name: Colby, Lou

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

Document Num	Description	URL
680100862	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874059
680100866	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874055