

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:
06/22/2016
Document Number:
674702861
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416634	416634	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 TX</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	
Foster, Michael	281-840-4375	MFoster@linnenergy.com	Regulatory Compliance Specialist II
Johnson, Derek	970-285-2200	dsjohnson@linnenergy.com	

Compliance Summary:

QtrQtr:	<u>SENV</u>	Sec:	<u>28</u>	Twp:	<u>6S</u>	Range:	<u>97W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/05/2013	663902127			SATISFACTORY			No

Inspector Comment:

No evidence of access road, location pad, or wells ever being built/drilled. Permits expire 2/5/17

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
416637	WELL	XX	01/15/2015	LO	045-19326	OXY 28-32D	ND	<input checked="" type="checkbox"/>
416638	WELL	XX	04/08/2015	LO	045-19327	OXY 28-17D	ND	<input checked="" type="checkbox"/>
416639	WELL	XX	01/12/2015	LO	045-19328	OXY 28-20D	ND	<input checked="" type="checkbox"/>
416640	WELL	XX	01/15/2015	LO	045-19329	OXY 28-31D	ND	<input checked="" type="checkbox"/>
416641	WELL	XX	01/13/2015	LO	045-19330	OXY 28-26D	ND	<input checked="" type="checkbox"/>
416642	WELL	XX	01/15/2015	LO	045-19331	OXY 28-30D	ND	<input checked="" type="checkbox"/>
416643	WELL	XX	11/18/2014	LO	045-19332	OXY 28-15D	ND	<input checked="" type="checkbox"/>
416644	WELL	XX	01/08/2015	LO	045-19333	OXY 28-19D	ND	<input checked="" type="checkbox"/>

416645	WELL	XX	01/15/2015	LO	045-19334	OXY 28-28D	ND	<input checked="" type="checkbox"/>
416646	WELL	XX	01/15/2015	LO	045-19335	OXY 28-29D	ND	<input checked="" type="checkbox"/>
416647	WELL	XX	01/12/2015	LO	045-19336	OXY 28-21D	ND	<input checked="" type="checkbox"/>
416648	WELL	XX	01/13/2015	LO	045-19337	OXY 28-24D	ND	<input checked="" type="checkbox"/>
416649	WELL	XX	01/12/2015	LO	045-19338	OXY 28-23D	ND	<input checked="" type="checkbox"/>
416650	WELL	XX	01/13/2015	LO	045-19339	OXY 28-25D	ND	<input checked="" type="checkbox"/>
416651	WELL	XX	01/12/2015	LO	045-19340	OXY 28-22D	ND	<input checked="" type="checkbox"/>
416652	WELL	XX	01/14/2015	LO	045-19341	OXY 28-27D	ND	<input checked="" type="checkbox"/>
416653	WELL	XX	01/06/2015	LO	045-19342	OXY 28-18D	ND	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>1</u>	Wells: <u>17</u>	Production Pits: <u>1</u>
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: <u>6</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: <u>3</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: <u>1</u>

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: 416634
 Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
S/AR: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	All pits must be lined.	03/24/2010
Agency	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	03/24/2010
Agency	kubeczkod	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	03/24/2010
Agency	kubeczkod	Reserve pit must be lined.	03/24/2010
Agency	kubeczkod	The nearby hillside must be monitored for any day-lighting of drilling fluids throughout the drilling of the surface casing interval.	03/24/2010
Agency	kubeczkod	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	03/24/2010

OGLA	kubeczko	SITE SPECIFIC COAs: Notify the COGCC 48 hours prior to start of pad construction, rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations). Operator must comply with all provisions of the June 12, 2008 Notice to Operators (NTO) Drilling Wells Within ¾ Mile of the Rim of the Roan Plateau in Garfield County – Pit Design, Construction, and Monitoring Requirements.	05/02/2013
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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:	416637	Type:	WELL	API Number:	045-19326	Status:	XX	Insp. Status:	ND
Facility ID:	416638	Type:	WELL	API Number:	045-19327	Status:	XX	Insp. Status:	ND
Facility ID:	416639	Type:	WELL	API Number:	045-19328	Status:	XX	Insp. Status:	ND
Facility ID:	416640	Type:	WELL	API Number:	045-19329	Status:	XX	Insp. Status:	ND
Facility ID:	416641	Type:	WELL	API Number:	045-19330	Status:	XX	Insp. Status:	ND
Facility ID:	416642	Type:	WELL	API Number:	045-19331	Status:	XX	Insp. Status:	ND

Facility ID: <u>416643</u>	Type: <u>WELL</u>	API Number: <u>045-19332</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416644</u>	Type: <u>WELL</u>	API Number: <u>045-19333</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416645</u>	Type: <u>WELL</u>	API Number: <u>045-19334</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416646</u>	Type: <u>WELL</u>	API Number: <u>045-19335</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416647</u>	Type: <u>WELL</u>	API Number: <u>045-19336</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416648</u>	Type: <u>WELL</u>	API Number: <u>045-19337</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416649</u>	Type: <u>WELL</u>	API Number: <u>045-19338</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416650</u>	Type: <u>WELL</u>	API Number: <u>045-19339</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416651</u>	Type: <u>WELL</u>	API Number: <u>045-19340</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416652</u>	Type: <u>WELL</u>	API Number: <u>045-19341</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>416653</u>	Type: <u>WELL</u>	API Number: <u>045-19342</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>

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: OTHER, RANGELAND

Comment:

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 _____

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: OTHER, RANGELAND _____

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 _____

Inspector Name: LONGWORTH, MIKE

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT