

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401142462

Date Received:

11/03/2016

FIR RESOLUTION FORM

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10516

Name of Operator: LINN OPERATING INC

Address: 600 TRAVIS STREET #5100

City: HOUSTON State: TX Zip: 77002

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

| Contact Name | Phone | Email |
|-----------------|--------------|--|
| Burns, Bryan | | bburns@linnenergy.com |
| White, Brent | | bwhite@linnenergy.com |
| Foster, Michael | 281-840-4375 | MFoster@linnenergy.com |
| Johnson, Derek | 970-285-2200 | dsjohnson@linnenergy.com |

COGCC INSPECTION SUMMARY:

FIR Document Number: 674703271

Inspection Date: 10/27/2016

FIR Submit Date: 10/27/2016

FIR Status: _____

Inspected Operator Information:

Company Name: LINN OPERATING INC

Company Number: 10516

Address: 600 TRAVIS STREET #5100

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 415531

Location Name: LATHAM Number: 102 697 County: _____

Qtrqtr: NESE Sec: 2 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.550061 Longitude: -108.182545

FACILITY - API Number: 05-045- -00 Facility ID: 415531

Facility Name: LATHAM Number: 102 697

Qtrqtr: NESE Sec: 2 Twp: 6S Range: 97W Meridian: 6

Latitude: 39.550061 Longitude: -108.182545

CORRECTIVE ACTIONS:

1 ☒ CA# 53753

Corrective Action: Replace peeling label.

Date: 12/30/2016

Response: CA COMPLETED

Date of Completion: 10/31/2016

Label replaced. (Pic attached)

Operator
Comment:

COGCC Decision: Approved

COGCC
Representative:

2 ☒ CA# 53754

Corrective Action: Repair fence.

Date: 11/11/2016

Response: CA COMPLETED

Date of Completion: 10/31/2016

Operator
Comment:

Fence repaired (pic attached)

COGCC Decision: Approved

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Michael Foster

Signed: _____

Title: Regulatory Specialist II

Date: 11/3/2016 1:54:28 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
|------------------------|--------------------|

| | |
|-----------|---------------------------|
| 401142462 | FIR RESOLUTION SUBMITTED |
| 401142566 | Pictures of completed CAs |

Total Attach: 2 Files