

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