

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-141
Revised August 8, 2011

Submit 1 Copy to appropriate District Office in
accordance with 19.15.29 NMAC.

Release Notification and Corrective Action

OPERATOR		X Initial Report	X Final Report
Name of Company	LINN Energy	Contact	E.L. Gonzales
Address	21340 W. Bender Hobbs, N.M. 88240	Telephone No.	575-738-1739
Facility Name	Caprock Maljamar Unit #103	Facility Type	production flow line
Surface Owner	State	Mineral Owner	API No. 30 02501385

LOCATION OF RELEASE

Unit Letter	Section 33	Township 17-S	Range 33-E	Feet from the	North/South Line	Feet from the	East/West Line	County Lea
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Latitude 32 48'10"N Longitude 103 40' 12" W

NATURE OF RELEASE

Type of Release	Prod Water/Oil spray	Volume of Release	2 bbls.	Volume Recovered	0
Source of Release	Flow Line	Date and Hour of Occurrence	6-18-16	Date and Hour of Discovery	8:30 am 6-18-16
Was Immediate Notice Given?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Required	If YES, To Whom?	N/A		
By Whom?		Date and Hour			
Was a Watercourse Reached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, Volume Impacting the Watercourse.	N/A		
If a Watercourse was Impacted, Describe Fully.*					
N/A					


Describe Cause of Problem and Remedial Action Taken.*

Flow line developed split & created a spray
Flow line has been repaired same day of incident

Describe Area Affected and Cleanup Action Taken.*

Estimated 12 x 50 area sprayed area to be washed and restored

I hereby certify that the information given above is true and complete to the best of my knowledge and understand that pursuant to NMOCD rules and regulations all operators are required to report and/or file certain release notifications and perform corrective actions for releases which may endanger public health or the environment. The acceptance of a C-141 report by the NMOCD marked as "Final Report" does not relieve the operator of liability should their operations have failed to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD acceptance of a C-141 report does not relieve the operator of responsibility for compliance with any other federal, state, or local laws and/or regulations.

<u>OIL CONSERVATION DIVISION</u>		
Signature: 	Approved by Environmental Specialist:	
Printed Name: E/L. Gonzales	Approval Date:	Expiration Date:
Title: Production Supervisor for New Mexico	Conditions of Approval: Attached <input type="checkbox"/>	
E-mail Address: elgonzales@linnenergy.com		
Date: 6-20-16	Phone: 575-738-8825	

* Attach Additional Sheets If Necessary

Distinction between Contractor vs. Contract Employee

- reference 29 CFR Part 1904
- A **contract employee** is directly supervised by an employee; for OSHA record keeping purposes, they are considered **employees**
- All others are considered **contractors**
- contact Connie Vuong (x6680) if you are unsure

What is a Preventable Vehicle Accident?

- We are only tracking preventable vehicle accidents involving employees or contract employees (**not applicable to contractors**)
- "A preventable collision is one in which the driver failed to do everything that *reasonably* could have been done to avoid it" (National Safety Council)
- in Industry Safe, select **Preventable?** = **Y** if this criteria is met

What is an Agency Reportable Spill?

- We are only tracking spills that exceed the Reportable Quantity (RQ) as defined by the state where the spill occurred
- Please reference **Spill Reporting Criteria** tab in this workbook

To enter a **contract employee** incident into Industry Safe:

- in the field **Involved Employee ID**, enter **Contractor**; this will populate the field **Involved Employee Name** as **Contractor**
- in the field **Involved Employee Title**, enter **Contract Employee** and his/her name (ex. Contract Employee-Michael Jordan)
- it is important to follow this format so that the OSHA Form 300 prints correctly

To enter a **contractor** incident into Industry Safe:

- in the field **Involved Employee ID**, enter **NA**; this will populate the field **Involved Employee Name** as **Not Applicable**
- it is important to follow this format so that we do not report contractors on our OSHA Form 300

Attachments

- please do not include pictures unless necessary
- max size per attachment is 20 MB
- no limit on number of attachments per form or to account in general
- variety of formats accepted: pdf, photo, video, etc.
- PDF is the recommended attachment format

Security or Contraband Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name		enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title		enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan enter Not Applicable for contractors
Supervisor's Name		
Supervisor's Title		
Date of Incident		
Time of Incident		if time is unknown, enter time incident was discovered
Incident Type	Security / Contraband / Violence	select from drop-down
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Was a Vehicle Involved?		Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?		Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?		Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N
Incident Details		
Reported to: Name		Select a name from EH&S
Date Reported		
State		
Specific Location		enter facility name, lat/long, or specific directions
Description of Incident		if a contractor incident, include Contractor Company Name here
Additional Information		
Estimated Property Damage		if applicable
Damage to a DOT Pipeline?		Y/N
Was a drug or alcohol test performed?		Y/N
Witness Information		
[end of form]		

Damage or Theft Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name		enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title		enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan enter Not Applicable for contractors
Supervisor's Name		
Supervisor's Title		
Date of Incident		
Time of Incident		if time is unknown, enter time incident was discovered
Incident Type	Damage / Theft	select from drop-down
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Was a Vehicle Involved?		Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?		Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?		Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N
Incident Details		
Reported to: Name		Select a name from EH&S
Date Reported		
State		
Specific Location		enter facility name, lat/long, or specific directions
Description of Incident		if a contractor incident, include Contractor Company Name here
Additional Information		
Estimated Property Damage	\$ -	if applicable
Damage to a DOT Pipeline?		Y/N
Identify Emergency Responders		
Was a drug or alcohol test performed?		Y/N
Witness Information and Statement		

[end of form]

Near Miss Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name		enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title		enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan enter Not Applicable for contractors
Supervisor's Name		
Supervisor's Title		
Date of Incident		
Time of Incident		if time is unknown, enter time incident was discovered
Incident Type	Near Miss	select from drop-down
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Was a Vehicle Involved?		Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?		Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?		Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N
Incident Details		
Reported to: Name		Select a name from EH&S
Date Reported		
State		
Specific Location		enter facility name, lat/long, or specific directions
Description of Incident		if a contractor incident, include Contractor Company Name here
Additional Information		
Potential Severity		use Incident Investigation Matrix, select from drop-down
Potential Likelihood of Recurrence		use Incident Investigation Matrix, select from drop-down
Level of Investigation	#N/A	calculated field
Estimated Property Damage		
Identify Emergency Responders		
Was a drug or alcohol test performed?		Y/N
Witness Information		

[end of form]

Vehicle Involved Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name	Zeth Massey	enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title	Lease operator	enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan enter Not Applicable for contractors
Supervisor's Name	Rick Rickman	
Supervisor's Title	Foreman	
Date of Incident	5/1/2016	
Time of Incident	8:30am	if time is unknown, enter time incident was discovered
Incident Type	Vehicle Accident	select from drop-down
Company	Linn Energy	
Region	Houston	select from drop-down
Area	Hobbs	select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Was a Vehicle Involved?	Y	Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?	N	Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?	N	Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N

Incident Details		
Reported to: Name	Aaron Hickert	Select a name from EH&S
Date Reported	5/1/2016	
State	NM	
Specific Location	Button mesa rd	enter facility name, lat/long, or specific directions
Description of Incident	Was driving down Button mesa saw some antelope across the fence and some on my side of the fence the all of a sudden one darted in front of the truck. Over looked the antelope across the fence one was on my side of the fence and didn't noitce it till it was to late.	if a contractor incident, include Contractor Company Name here

Additional Information		
Estimated Property Damage	\$ -	if applicable
Damage to a DOT Pipeline?		Y/N
Was a drug or alcohol test performed?		Y/N
Witness Information		

Vehicle Involved		
Vehicle Movement	Going Straight	select from drop-down
Unit Number		
Vehicle Type	Non-DOT Vehicle	select from drop-down
Vehicle Make	Ford	
Vehicle Model	F-150	
Vehicle Year	2014	
License Plate Number	NBW 401	
Driver Employee ID		if driver is a contractor, enter NA
Name of Driver	Zeth Massey	if driver is a contractor, enter Not Applicable
Number of Passengers	0	
Names of Passengers		if driver is a contractor, include his name here
Preventable?	N	Y/N - note: always select N for contractors
Authorized Use?	Y	Y/N
Road Surface	Blacktop	select from drop-down
Road Surface Conditions	Wet	select from drop-down
Light Conditions	Daylight	select from drop-down
Other Vehicle Involved	N	Make, Model, Year, Passengers, Driver Name and Contact Info, Insurance Info

[end of form]

Non-Employee Injury Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name		enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title		enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan
Supervisor's Name		enter Not Applicable for contractors
Supervisor's Title		
Date of Incident		
Time of Incident		if time is unknown, enter time incident was discovered
Incident Type	Contractor Injury / Illness	select from drop-down
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Was a Vehicle Involved?		Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?		Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?		Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N

Incident Details		
Reported to: Name		Select a name from EH&S
Date Reported		
State		
Specific Location		enter facility name, lat/long, or specific directions
Description of Incident		
		if a contractor incident, include Contractor Company Name here

Additional Information		
Estimated Property Damage	\$ -	if applicable
Damage to a DOT Pipeline?		Y/N
Identify Emergency Responders		
Was a drug or alcohol test performed?		Y/N
Witness Information		

Non-Employee Injury

Injured Party 1		
Type of Person		select from drop-down
Name		
Contractor's Employer		
Contract Employer's Address		
Job Title		
Physician Name and Medical Facility Name, Address, Phone		
Treatment Description		

Injured Party 2		
Type of Person		select from drop-down
Name		
Contractor's Employer		
Contract Employer's Address		
Job Title		
Physician Name and Medical Facility Name, Address, Phone		
Treatment Description		

[end of form]

Employee Injury Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Involved Employee Name		enter Contractor for contract employees enter Not Applicable for contractors
Involved Employee Title		enter Contract Employee and name for contract employees ex. Contract Employee-Michael Jordan enter Not Applicable for contractors
Supervisor's Name		
Supervisor's Title		
Date of Incident		
Time of Incident		if time is unknown, enter time incident was discovered
Incident Type	Employee Injury / Illness	select from drop-down
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select you
Was a Vehicle Involved?		Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?		Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?		Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N

Incident Details		
Reported to: Name		Select a name from EH&S
Date Reported		
State		
Specific Location		enter facility name, lat/long, or specific directions
Description of Incident		
		if a contractor incident, include Contractor Company Name here

Additional Information		
Severity		use Incident Investigation Matrix, select from drop-down
Likelihood of Recurrence		use Incident Investigation Matrix, select from drop-down
Level of Investigation	#N/A	calculated field
Estimated Property Damage	\$ -	if applicable
Damage to a DOT Pipeline?		Y/N
Identify Emergency Responders		
Was a drug or alcohol test performed?		Y/N
Witness Information		

Employee Injury Form

Employee Injury

Date of injury or onset of illness		
Did injury occur on premises?		Y/N
Was Medical Treatment Received?		Y/N/Refused/NA
If Refused, Why?		
Initial Treatment		select from drop-down
Consequences of Injury/Illness		select from drop-down
First Missed Day		if applicable
First Restricted Work Day		if applicable
Classification of Injury/Illness		select from drop-down
Main Body Part Affected		select from drop-down
Primary Cause of Injury		select from drop-down

Medical Treatment

Date of Treatment		
Was treatment given away from the worksite?		Y/N
Was employee treated in an emergency room?		Y/N
Was employee hospitalized overnight as an in-patient?		Y/N
Did the employee suffer an amputation or lose an eye within 24 hours of the incident?		Y/N
Name of Physician or Other Health Care Professional		
Name, Address, and Phone of Treatment Facility		

Record Keeping

Where did the incident occur?		
What was the employee doing just before incident occurred?		
How did the injury occur?		
What was the injury or illness?		
What object or substance directly harmed the employee?		
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill		Include doctor's instructions, description of treatment
Is this a Privacy Case?		Y/N
Time Employee Began Work		

[end of form]

Spill Release Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Lease Operator Name	Zeth Massey	enter Contractor for contract employees
Supervisor's Name	Rick Rickman	enter Not Applicable for contractors
Supervisor's Title	Foreman	
Date of Incident	6/18/2016	
Time of Incident	830am	if time is unknown, enter time incident was discovered
Incident Type	Spill / Release	select from drop-down
Company	Linn Energy	
Region	Houston	select from drop-down
Area	Hobbs	select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Latitude	32 48'10"N	
Longitude	103 40'12"W	
Was a Vehicle Involved?	N	Y/N - if Y, complete Vehicle Involved tab
Was an employee or directly supervised contractor injured?	N	Y/N - if Y, complete Employee Injury tab
Was a Non-Employee injured?	N	Y/N - if Y, complete Non-Employee Injury tab
Property Damage?		Y/N

Incident Details		
Reported to: Name	Aaron Hickert	Select a name from EH&S
Date Reported	6/18/2016	
Time Reported	830am	
State	NM	
Specific Location	Flow line from CMU #103	enter facility name, lat/long, or specific directions
Description of Incident	At appx: 8:30am arrived at CMU and noticed something spraying out in pasture. I then traced out flowline and found that line came from CMU #103 shut well in and fixed poly line. Line just had weak spot in line that blew out. Size of leak was appx 12' wide at widest point, and 50' long at longest point. Leak was sraying out. appx 2bbls was	

Additional Information		
Estimated Property Damage		if applicable
Damage to a DOT Pipeline?		Y/N
Identify Emergency Responders		
Was a drug or alcohol test performed?		Y/N
Witness Information		

Incident Details		
Spill/Release Type	Water	select from drop-down
Inside Containment	N	Y/N
Clean Up Description		
Onsite Personnel Cleaned Up Spill		Y/N
Offsite Contractor Cleaned Up Spill		Y/N
Substance 1 Released	Produced Water	select from drop-down
Substance 1 Volume (Barrels)	2bbls	
Substance 1 Recovered (Barrels)	0bbls	
Substance 2 Released		select from drop-down
Substance 2 Volume (Barrels)		
Substance 2 Recovered (Barrels)		
Agency Reporting Log		
Agency Report Required	n	Y/N - select Y only if spill exceeds reportable quantity; otherwise select N

Incident Analysis		
Equipment Type	Pipeline - Poly	select from drop-down
Specific Cause	Joint Failure	select from drop-down
Weather Conditions	hot sunny	
Slick Present		Y/N

[end of form]

State	Government Agency	Reportable Quantity		Verbal Report	Written Report	Cleanup Criteria for Soil	
		Oil	Produced Water			Oil	Produced Water
All States	National Response Center	Any spill in navigable waterways, or if there is a visible sheen on the water		Immediately	None Required		
California <i>also see Field Rule below</i>	NRC, OES, DOG Initiate notification procedure based on California reportable spreadsheet	Call in case of gas incident. Call for any pipeline discharge	1 BBL total fluid outside of primary containment	Immediately	None Required	No specific criteria, typically impacted soils are removed and stored for inspection by state agent	
Colorado	COGCC CDPHE NRC Town of Parachute	1 bbls outside containment or 5 bbl inside containment	2 bbls outside containment or 5 bbl inside containment	Within 24 hours	Form 19 w/in 10 days	1. Contain immediately 2. Segregate contaminated soil 3. Document procedures for Form 19 report 4. Arrange for soil sampling 5. Landfarm/treat soil or haul to disposal	1. Contain immediately 2. Segregate contaminated soil 3. Document procedures for Form 19 report 4. Arrange for soil sampling 5. Landfarm/treat soil or haul to disposal
Kansas	District Office	0.6 bbl	0.6 bbl	Within 24 hours	None Required	Spill should be cleaned up within 10 days of discovery unless instructed otherwise by district office	
Louisiana	DEQ	1 bbl	1 bbl	Within 1 hour	None Required	TPH-ORO < 2,500 ppm	29-8 criteria for upland areas: • electrical conductivity <4mmhos/cm • sodium adsorption ratio<12 • exchangeable sodium percentage<15%
Michigan	OGS (District Office)	1 bbl or any amount not contained	1bbl or any amount not contained	Within 8 hours	Within 10 days	DROs 100 µg/l (ppb) MDEQ may request additional testing	• For spills 5-8ft deep Chlorides ≤ 500ppm • For spills deeper than 8ft: Chlorides ≤ 5,000ppm • If groundwater is impacted: Chlorides ≤ 250ppm
New Mexico	NMED	5 bbl total fluid or any amount not contained		Within 24 hours	None Required	Range from 1,000ppm-5,000ppm depending on site ranking and potential impact on groundwater, surface water and water wells	Range from 250ppm-1,000ppm depending on site ranking, and potential impact on groundwater, surface water and water wells
Oklahoma	OCC (District Office)	10 bbl total fluid or any spill on tribal land in Osage county		Within 24 hours	None Required	No specific cleanup criteria	Collect soil samples at 1-ft increments for at least 3ft. Concentrations of samples > 2,640ppm TDS or TSS indicate the need for remediation
Texas	RRC	5 bbl	None required, courtesy call at 20 bbl	Within 48 hours (obtain job number)	H-8 Spill report required	Within 6 months of spill: < 50,000ppm Within 1 year of spill: < 10,000ppm	No published criteria; < 3,000ppm considered an acceptable standard
		25 bbl		H-8 Spill report required initially. Final report upon completion of cleanup			
		Fire		Immediately	Follow-up letter with details	NA	NA
Wyoming	DEQ	10 bbl total fluid		None Required	Within 7 days	No specific cleanup criteria	
		100 bbl total fluid		Immediately	Within 7 days		
	BLM	10 bbl total fluid		None Required	Within 15 days		
		100 bbl total fluid		Within 24 hours	Within 15 days		
	WOGCC	10 bbl total fluid		Immediately	Within 15 days		
Utah	Utah Department of Oil and Gas - DNR	10 bbl total fluid		Within 24 hours	Within 5 days	No specific cleanup criteria	

FIELD RULE

San Joaquin Valley
Oil Spill Reporting Criteria

1. Purpose

Assembly Bill 1376 (Bustamante) authorizes the Department of Conservation, Division of Oil, Gas, and Geothermal Resources (DOGGR), in conjunction with the State Water Resources Control Board (SWRCB) and the Department of Fish and Game (DFG) to develop field rules that establish volumetric thresholds for the reporting of discharges of oil to land. The purpose of this Field Rule is to establish reasonable crude oil spill reporting criteria while protecting public health, safety, and the environment.

2. Background

In the San Joaquin Valley, the reportable quantity for the discharge of oil or petroleum products is one barrel (42 gallons) to land or any spill, regardless of volume, reaching a waterway. Generally, the requirement to report any spill of one barrel or more of oil is reasonable. However, in some parts of the San Joaquin Valley, where a major portion of the crude oil produced is highly viscous, the terrain is relatively flat, and there is minimal potential for an oil spill to affect waters of the state, habitat or wildlife, a more liberal reporting requirement is justified.

3. Applicability

This Field Rule applies to any oil or gas field located within Kern, Kings, Tulare, Fresno, Madera, and Merced Counties, and the portion of Midway-Sunset field located within San Luis Obispo County. However, the Temblor Hills field in Kern County is excluded due to its location outside the San Joaquin Valley. The Field Rule is applicable only within existing oil and gas fields, as defined by DOGGR.

This Field Rule only applies to discharges of crude oil associated with onshore drilling, exploration, or production. This Field Rule applies only to oil discharges to land where the discharge cannot pass into or threaten the waters of the state. Regardless of the quantity involved, reporting requirements established pursuant to Government Code Section 51018 are applicable if the spill involves a fire or explosion. Federal reporting and notification requirements are not affected by this Field Rule.

These field rule reporting requirements do not relieve the operator from the responsibility of cleaning up any spilled oil. Furthermore, DOGGR, as well as other agencies, routinely inspect oil fields to ensure spilled oil is cleaned up.

4. Definitions - For the purpose of this Field Rule the following definitions apply:

- a) Containment - Containment is a specific system of dikes or fire walls capable of containing the volume of the largest tank, or other facility, and/or diversion walls to direct fluids to a preferred collection point or a drainage system for safe fluid containment. Containment is required around tank settings and, where applicable, could be employed around other facilities.
- b) Field - A producing area for oil and gas that is permitted by the DOGGR.
- c) Lease or site - Oil and/or gas production controlled by one operator in a reasonably consolidated manner. A site may contain more than one individual lease. There may be more than one operator and, therefore, more than one lease or site at a location. Any unit operation would be considered a lease or site with one operator.
- d) Operator - The operator of record, as defined in Section 3009 of the Public Resources Code (PRC), means any person who, by virtue of ownership or under the authority of a lease or any other agreement, has the right to drill, operate, maintain, or control a well. This definition of operator does not relieve any other responsible party from the requirement to report an appropriate oil spill.
- e) Urban area - A cohesive area of at least twenty-five business establishments, residences, or combination thereof, the perimeter of which is 300 feet beyond the outer limits of the outermost structures.
- f) Waters of the state - Any surface water or groundwater, including saline waters, within the boundaries of the state.

5. Reporting Criteria

- a) Within applicable fields or areas, operators must report:

i) All spills of five (5) barrels of crude oil, or more, unless the spill is within containment and is less than ten (10) barrels.

- ii) All spills of ten (10) barrels of crude oil, or more that occur within containment as defined in Section 1773 of the California Code of Regulations (CCR) and is identified in the operator's spill prevention contingency plan, as required in Section 1722(b) of the CCR.
- b) Under the following conditions, spill reporting will follow the general criteria of reporting any spill of one (1) barrel of oil or more to land, or any amount that creates a sheen on the water:

i) Any lease or site without appropriate or adequate containment, as required in Subchapter 2, Sections 1750 through 1779 of the CCR or without a current oil spill contingency plan as required in Section 1722 (b) of the CCR.

ii) Urban areas.

iii) Into the waters of the state, or any place where a spill can pass into the waters of the state.

iv) Any field or area designated specifically by DOGGR, DFG, or the Regional Water Quality Control Board (RWQCB) due to specific concerns about threats to waters of the state, wildlife or its habitat, or public health and safety, with notification to the other agencies and industry. The input of the other agencies and industry must be considered when designating these areas.

6. Spill Reporting Procedure

All reportable spills pursuant to this Field Rule must be reported as soon as;

- The operator has knowledge of the discharge
- Notification is possible, and
- Notification can be provided without substantially impeding cleanup or other emergency measures.

In no case shall the report be more than 24 hours from the reasonable discovery of the spill. Reports must be made to the State Office of Emergency Services (OES).

OES Spill Notification Number 1-800-852-7550

If there are any doubts or concerns that a spill of lesser quantity may have a significant impact to the waters of the State, wildlife habitat or public health and safety, it should be reported to OES.

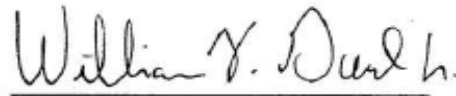
7. Spill Cleanup

All crude oil spills shall be cleaned up immediately and in accordance with all applicable signatory agency conditions.

8. Enforcement

Notwithstanding any other provisions of law or regulations, failure to comply with the provisions of this Field Rule is a violation of Sections 3233 and 3106 of the PRC and Section 1722(b) of the CCR. Such failure is subject to criminal penalties as outlined in Section 3236 of the PRC and/or civil penalties as outlined in Section 3236.5 of the PRC. All materials not specifically addressed in this field rule shall be subject to their current reporting requirements.

AUGUST 1998



William F. Guerard, Jr.
State Oil and Gas Supervisor
Division of Oil, Gas, and Geothermal Resources

Corrective Action Form

Guidelines for Industry Safe forms: - Follow notes in column C
- Yellow fields are required
- Attach this form as a .xlsx attachment when entering into Industry Safe

Basic Information		
Date Identified		default today's date
Company	Linn Energy	
Region		select from drop-down
Area		select from drop-down
Enertia Area		if Houston region, select appropriate Enertia area; otherwise, just select your region
Assigned by		Select a name from EH&S
Problems/Description		
Recommendation		

Resolution & Responsibility		
Responsible Party		0 auto-populated
Corrective Action Assigned To		click  Send Email in Industry Safe to email notification to employee
Estimated Start Date		default today's date
Estimated Completion Date		
Status		Open or Complete
Actual Completion Date		
Corrective Action Taken		

[end of form]