

**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



DE	ET	OE	ES
----	----	----	----

Inspection Date:

02/07/2013

Document Number:

667500124

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>234109</u>	<u>316986</u>		<u>AXELSON, JOHN</u>

Operator Information:OGCC Operator Number: 52530 Name of Operator: MAGPIE OPERATING, INCAddress: 2707 SOUTH COUNTY RD 11City: LOVELAND State: CO Zip: 80537**Contact Information:**

Contact Name	Phone	Email	Comment
Ryan Warner	970-669-6308	magpieoil@yahoo.com	

Compliance Summary:QtrQtr: NWNW Sec: 5 Twp: 2S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/18/2012	667500096			U			N
06/19/2012	667500024			V			Y
10/06/2010	200280177	ES	PR	U			Y
06/24/2010	200257742	ES	AC	U			Y
06/10/2010	200255403	ES	AC	U			Y
03/02/2010	200237325	SR	PR	U			Y
10/14/2009	200220615	ES	PR	U			Y
05/27/2009	200212937	ES	PR	U			Y
08/22/2008	200196557	PR	SI	U			Y
03/23/2001	200015353	ES	PR	U	I	F	Y
03/19/2001	200015356	ES	PR	U		F	Y
08/25/2000	200009410	PR	PR	S		P	N
07/07/1999	872980	ID	SI			F	Y
06/30/1997	500158610	PR	PR			P	N
11/07/1995	500158609	PR	PR			F	
11/06/1995	500158608	PR	PR			P	N
09/28/1995	500158607	PR	PR			F	Y
09/26/1995	500158606	PR	PR			F	Y
09/18/1995	500158605	PR	PR			F	Y
06/19/1995	500158604	PR	PR			P	N

Inspector Comment:

Inspector Name: AXELSON, JOHN

Follow up inspection to document corrective actions required by NOAV #200353921 and Remediation Project #5051. Met Ryan Warner, VP Magpie Oil on location. As requested, Magpie submitted Form 19 for spill observed on 5/8/12 resulting in spill tracking #22321937. Magpie submitted analytical data for one sample collected from spill area and land treatment area (rem #5051) both were non-detect for BTEX & TPH. Verified no ongoing leak from injection piping on east side of plant building. Maintenance had been performed on berms and some trash removal. Still some oily material visible in secondary containment area on north side of inj plant bldg.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name		
234106	WELL	PA	01/29/1953		121-06205	KEJR 2		
234109	WELL	PR	11/01/2012	OW	121-06208	LITTLE BEAVER UNIT 44		

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	Still some trash on location and misc. 5-gal containers of fluid along east side inj plant bldg.	Cleanup all trash and properly store containers.	04/30/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
Crude Oil			For spill #22321937 - remove any remaining oily waste from secondary containment and properly dispose. Collect a minimum four (4) samples from spill area and analyze for TPH & BTEX.	04/30/2013

☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 316986

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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:****Environmental****Spills/Releases:**

Type of Spill: _____ Description: Unknown Estimated Spill Volume: _____

Comment: NOAV #200353921 required collection of groundwater sample at following coordinates - N 39.91140, W - 103.68610. John Axelson & Ryan Warner inspected location to collect sample.

Corrective Action: Collect groundwater sample analyze for BTEX

Date: 04/30/2013

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: AXELSON, JOHN

Proximity to Surface Water: _____

Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Waste Management:

Type	Management	Condition	Comment	GPS (Lat)	(Long)
Oily Soil	Land Treatment		Continue to treat oily waste on south side of plant per Rem #5051. Collect a min 4 samples and analyze for TPH, BTEX, PAHs & inorganics. Submit status update report or closure request via Form 4 Sundry with results no later than 10/31/13.		

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: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ 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 removed? _____ 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? _____

Inspector Name: AXELSON, JOHN

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: _____

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

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____