

**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



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Inspection Date:

09/16/2013

Document Number:

668601397

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	218204	309601	QUINT, CRAIG	<input type="checkbox"/>	

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
LEONARD, MIKE		mike.leonard@state.co.us	
KOEHLER, BOB		bob.koehler@state.co.us	
Warner, James M	(970) 669-6308	magpieoil@yahoo.com	

Compliance Summary:QtrQtr: NWNW Sec: 30 Twp: 9S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/19/2013	668600645	PR	SI	V	P		Y
04/11/2011	200308334	PR	SI	U			Y
04/05/2010	200241249	PR	SI	S			N
09/25/2007	200119488	MT	SI	S			N
06/25/2007	200113650	PR	SI	U		F	Y
01/31/2005	200066103	PR	PR	S		P	N
11/16/2000	200012762	PR	PR	S	I	P	N
12/30/1997	500152371	PR	PR			P	N
10/17/1996	500152370	PR	PR			P	N
10/06/1995	500152369	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
116147	PIT		09/23/1999		-	SAFRANEK STATE 2-30 & 4-30	<input type="checkbox"/>
119193	PIT		09/23/1999		-	SAFRANEK 2-30	<input type="checkbox"/>
218204	WELL	SI	07/27/2013	OW	073-06189	SAFRANEK-STATE 2-30	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: QUINT, CRAIG

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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Unsatisfactory	ELEVATED GRAVEL ROAD THROUGH PASTURE WITH A CATTLE GUARD AND CULVERT COVERED WITH WEEDS.	CONTROL WEEDS.	10/16/2013

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	STICKERS AND STENCILS ON TANKS		07/19/2013
BATTERY	Unsatisfactory	NO LEASE SIGN BY TANKS	Install sign to comply with rule 210.d.	07/19/2013
WELLHEAD	Unsatisfactory	NO LEASE SIGN BY WELL	Install sign to comply with rule 210.d.	07/19/2013

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 07/19/2013

Comment: NO EMERGENCY CONTACT NUMBERS

Corrective Action: INSTALL EMERGENCY CONTACT NUMBERS

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	WEEDS AROUND EQUIPMENT AND LOCATION. ACCESS COVERED WITH WEEDS.	CONTROL WEEDS	07/19/2013
DEBRIS	Unsatisfactory	MISC PARTS AND BROKEN FENCE POST AROUND LOCATION.	REMOVE DEBRIS	07/19/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Unsatisfactory	INCOMPLETE WIRE FENCING AROUND ALL WELLHEAD EQUIPMENT.	REPAIR FENCE	07/19/2013

WELLHEAD	Unsatisfactory	INCOMPLETE WIRE FENCING AROUND BATTERY EQUIPMENT EQUIPMENT.	REPAIR FENCE	07/19/2013
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Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Unsatisfactory	DEADMEN ARE NOT MARKED	MARK DEADMEN	07/19/2013

Venting:		
Yes/No	Comment	

Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 309601

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:****Facility**

Facility ID: 218204 Type: WELL API Number: 073-06189 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: _____

S/V: _____

CA Date: **07/19/2013**

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: WELL WAS REQUIRED TO PASS A MECHANICAL INTEGRITY TEST BY 9/25/2012. OPERATOR WAS TO CONTACT CRAIG QUINT WITHIN 10 DAYS OF RECEIPT OF INSPECTION DONE ON 4/19/2013 TO SCHEDULE A MECHANICAL INTEGRITY TEST TO BE COMPLETED BY 7/19/2013. NO CONTACT OR EFFORT HAS BEEN MADE TO CORRECT ABATEMENTS.

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: _____

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 _____

Inspector Name: QUINT, CRAIG

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: _____

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
Other	Pass	Ditches	Pass	MHSP	Fail	
		Culverts	Pass			

S/U/V: **Unsatisfactory** Corrective Date: **07/19/2013**

Comment: **LOCATION IS GRASSED OVER, CHEMICAL BARREL WITHOUT CONTAINMENT.**

CA: **INSTALL BMP's**

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
668601398	ENTRANCE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189013
668601399	SOUTH OF TREATER LOOKING WEST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189014
668601400	S OF TREATER LOOKING N	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189015
668601401	WEST SIDE OF PIT LOOKING EAST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189016
668601402	SOUTH LOOKING NORTH	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189017
668601403	NE CORNER LOOKING SW	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3189018