

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:

04/02/2014

Document Number:

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**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>52530</u>	Contact Person: <u>Ryan Warner</u>
Company Name: <u>MAGPIE OPERATING, INC</u>	Phone: <u>(720) 233-0875</u>
Address: <u>2707 SOUTH COUNTY RD 11</u>	Fax: <u>(970) 669-6396</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	Email: <u>magpieoil@yahoo.com</u>

  

API #: <u>05 - 121 - 06123 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>LITTLE BEAVER UNIT 65</u>		
Sec: <u>6</u>	Twp: <u>2S</u>	Range: <u>56W</u> QtrQtr: <u>SWSE</u> Lat: <u>39.901669</u> Long: <u>-103.695349</u>

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 04/04/2014 Time: 12:00 (HH:MM) Underground Injection Control(UIC) Well? No

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: <u>Ryan Warner</u>	Email: <u>magpieoil@yahoo.com</u>
Signature: <u>Ryan Warner</u>	Title: <u>VP</u> Date: <u>04/02/2014</u>