

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:

04/04/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 52530 Contact Person: Ryan Warner
Company Name: MAGPIE OPERATING, INC Phone: (720) 233-0875
Address: 2707 SOUTH COUNTY RD 11 Fax: (970) 669-6396
City: LOVELAND State: CO Zip: 80537 Email: magpieoil@yahoo.com
API #: 05 - 121 - 06123 - 00 Facility ID: _____ Location ID: _____
Facility Name: LITTLE BEAVER UNIT 65
Sec: 6 Twp: 2S Range: 56W QtrQtr: SWSE Lat: 39.901669 Long: -103.695349

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 04/11/2014 Time: 01:00 (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: Ryan Warner Email: magpieoil@yahoo.com
Signature: Ryan Warner Title: VP Date: 04/04/2014