

**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



Inspection Date:

06/17/2016

Document Number:

673713353

Overall Inspection:

SATISFACTORY w/ CMT
or AR

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>234168</u>	<u>316996</u>	<u>Sherman, Susan</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number:	<u>52530</u>
Name of Operator:	<u>MAGPIE OPERATING, INC</u>
Address:	<u>2707 SOUTH COUNTY RD 11</u>
City:	<u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Warner, Ryan and James	(970) 669-6308	magpieoil@yahoo.com	

Compliance Summary:

QtrQtr: <u>SESE</u> Sec: <u>32</u> Twp: <u>1S</u> Range: <u>56W</u>							
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/30/2015	673710302	IJ	SI	SATISFACTORY			No
11/28/2014	673708298	SI	SI	SATISFACTORY			No
10/09/2014	673706771	SI	SI	ACTION REQUIRED			No
07/11/2014	673704684	IJ	SI	SATISFACTORY			No
05/19/2014	673703249	IJ	SI	ALLEGED VIOLATION			Yes
07/24/2013	668200557	IJ	SI	SATISFACTORY	P		No
07/16/2012	663400615	IJ	AC	ACTION REQUIRED	P		No
04/01/2011	200306296	RT	AC	SATISFACTORY			No
06/17/2010	200256041	MI	SI	SATISFACTORY			No
04/01/2010	200240831	RT	AC	SATISFACTORY			No
06/22/2009	200213556	PR	SI	SATISFACTORY			No
04/10/2007	200109263	RT	SI	SATISFACTORY		Pass	No
12/08/2006	200101386	MI	SI	SATISFACTORY		Pass	No
07/31/2006	200094632	MI	SI	ACTION REQUIRED		Fail	Yes
08/31/2005	200076032	RT	SI	ACTION REQUIRED		Fail	Yes
05/18/2004	200054953	RT	SI	SATISFACTORY		Pass	No
07/17/2003	200041514	RT	SI	SATISFACTORY		Pass	No
06/27/2002	200027933	RT	AC	SATISFACTORY		Pass	No
04/03/2001	200015624	MI	AC	SATISFACTORY	P	Pass	No
03/26/2001	200015355	MI	SI	ACTION REQUIRED		Pass	No

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03/23/2001	200015354	MI	SI	SATISFACTORY		Pass	No
09/08/2000	200009670	MI	TA	ACTION REQUIRED		Fail	Yes
08/22/2000	200009436	MI	SI	ACTION REQUIRED		Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
234168	WELL	IJ	03/31/2015	ERIW	121-06269	LITTLE BEAVER UNIT 31	SI	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Deadman # & Marked	# 4	Satisfactory/Action Required: SATISFACTORY
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Comment		
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,

S/AR		Comment:		
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Corrective Action:		Corrective Date:
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Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date
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Comment	
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Venting:

Yes/No	
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Comment	
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Flaring:

Type		Satisfactory/Action Required
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Comment: _____

Corrective Action:		Correct Action Date:
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Predrill

Location ID: 234168

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No COAs.

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ Date: _____

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: 234168 Type: WELL API Number: 121-06269 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: DSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/11/2014
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: Packer in hole. Didn't open valves. Dec 2015 last production reported to COGCC database. Update production data.

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: _____

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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200389278	SPILLS	Noto, John	Surface owner contacted COGCC to complain that an "injection line" on cropland has broken several times and that spills have occurred that has rendered the land "useless for future agricultural planning". Email with description of concerns was sent to COGCC and is filed under this complaint	11/07/2013

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. Waste and Debris removed? _____

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 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 _____

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Compaction alleviation _____ Dust and erosion control _____
Non cropland: Revegetated 80% _____ Cropland: perennial forage _____
Weeds present _____ Subsidence _____
Comment: _____
Corrective Action: _____ Date _____
Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____
Comment: _____
CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments		
Comment	User	Date
Second photo attached is of area west of well in field where remedial work was done.	ShermaSe	06/17/2016

Attached Documents

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

Document Num	Description	URL
673713353	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881961
673713366	Magpie Little Beaver Unit 31	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881947