

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401842339

Date Received:

12/17/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 52530

Name of Operator: MAGPIE OPERATING, INC

Address: 2707 SOUTH COUNTY RD 11

City: LOVELAND State: CO Zip: 80537

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Warner, Ryan</u>	<u>970-669-6308</u>	<u>magpieoil@yahoo.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 674301030

Inspection Date: 11/14/2018

FIR Submit Date: 11/14/2018

FIR Status: _____

Inspected Operator Information:

Company Name: MAGPIE OPERATING, INC

Company Number: 52530

Address: 2707 SOUTH COUNTY RD 11

City: LOVELAND State: CO Zip: 80537

LOCATION - Location ID: 318188

Location Name: PETERSON-64N68W Number: 5NWNW County: _____

Qtrqr: NWN Sec: 5 Twp: 4N Range: 68W Meridian: 6
W

Latitude: 40.347474 Longitude: -105.035329

FACILITY - API Number: 05-123-00 Facility ID: 318188

Facility Name: PETERSON-64N68W Number: 5NWNW

Qtrqr: NWN Sec: 5 Twp: 4N Range: 68W Meridian: 6
W

Latitude: 40.347474 Longitude: -105.035329

CORRECTIVE ACTIIONS:

1 CA# 120419

Corrective Action: Date: 12/17/2018

Response: CA COMPLETED Date of Completion: 12/04/2018

Operator Comment:

COGCC Decision: _____

COGCC
Representative:

2 CA# 120420

Corrective Action: Date: 12/17/2018

Response: CA COMPLETED

Date of Completion: 12/04/2018

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 120421

Corrective Action: Date: _____

Response: CA COMPLETED

Date of Completion: 11/19/2018

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Ryan Warner

Signed: _____

Title: Vice President

Date: 12/17/2018 12:14:53 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
401860316	bradenhead exposure
401860318	bradenhead exposure
401877138	Sign
401877142	Sign
401877145	Sign

Total Attach: 5 Files