

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:

401883276

Date Received:

12/31/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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>Warner, Ryan</u>	<u>970-669-6308</u>	<u>magpieoil@yahoo.com</u>
<u>Warner, Ross</u>		<u>ross.magpieoil@gmail.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 674301078

Inspection Date: 11/27/2018

FIR Submit Date: 11/27/2018

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: 307111

Location Name: DUNNING-65N69W Number: 25SWNE County: _____

Qtrqtr: SWNE Sec: 25 Twp: 5N Range: 69W Meridian: 6

Latitude: 40.372863 Longitude: -105.066251

FACILITY - API Number: 05-069-00 Facility ID: 307111

Facility Name: DUNNING-65N69W Number: 25SWNE

Qtrqtr: SWNE Sec: 25 Twp: 5N Range: 69W Meridian: 6

Latitude: 40.372863 Longitude: -105.066251

CORRECTIVE ACTIONS:

1 CA# 120629

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 12/31/2018

Response: CA COMPLETED

Date of Completion: 12/21/2018

Operator Comment: Berms have been repaired to comply with rule 605.a.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 120630

Corrective Action: Expose Bradenhead valve to surface.

Date: 12/31/2018

Response: CA COMPLETED

Date of Completion: 12/19/2018

Operator Comment:

bradenhead has been exposed to surface. Please see attached photos.

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: 12/31/2018 2:34:08 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>
401883278	bradenhead exposed
401889480	berms

Total Attach: 2 Files