

**FORM
INSP**Rev
X/15**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:

06/15/2020

Submitted Date:

06/28/2020

Document Number:

688307996**FIELD INSPECTION FORM**Loc ID 316983 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 52530Name of Operator: MAGPIE OPERATING INCAddress: 2707 SOUTH COUNTY RD 11City: LOVELAND State: CO Zip: 80537**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	
Warner, Ryan and James	(970) 669-6308	magpieoil@yahoo.com	
Warner, Ross	720-309-9380	ross.magpieoil@gmail.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234105	WELL	SI	06/01/2018	OW	121-06204	LITTLE BEAVER UNIT 42	SI

General Comment:[SI/TA Status MIT, passed](#)

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Equipment:**

Type: Pump Jack	# 5		corrective date
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment: electric			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				

Corrective Action:		Date:	
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Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

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Inspected FacilitiesFacility ID: 234105 Type: WELL API Number: 121-06204 Status: SI Insp. Status: SI**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned

Reminder: _____

Comment: SI/TA Status MIT
 Casing and tubing 0 psi prior to test
 0 min 360 psi
 5 min 355 psi
 10 min 350 psi
 15 min 350 psi
 Casing and tubing 0 psi after test
 PASSED
 Form 21 is attached to inspection.

Corrective Action: _____

Date: _____

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

Document Num	Description	URL
688308094	Magpie Little Beaver Unit 42	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5186082