

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:

403351652

Date Received:

04/04/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Ross Warner</u>	<u>(970) 669-6308</u>	<u>ross.magpieoil@gmail.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689806015  
Inspection Date: 07/15/2021 FIR Submit Date: 07/16/2021 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: 316739

Location Name: RICHFIELD-WIRICK-FEDERAL-65N88W Number: 14SESE County: ROUTT  
Qtrqtr: SESE Sec: 14 Twp: 5N Range: 88W Meridian: 6  
Latitude: 40.387100 Longitude: -107.220050

FACILITY - API Number: 05-107-00 Facility ID: 232482

Facility Name: RICHFIELD-WIRICK-FEDERAL Number: 1  
Qtrqtr: SESE Sec: 14 Twp: 5N Range: 88W Meridian: 6  
Latitude: 40.387100 Longitude: -107.220050

CORRECTIVE ACTIONS:

1 CA# 153865

Corrective Action: Immediately cease venting/flaring. Submit Form 4 for review and approval to vent or flare. Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 07/17/2021

Response: CA COMPLETED

Date of Completion: 07/17/2021

Operator Comment: Venting immediately stopped. Site shut in. Site material, pipe, tank closures upgraded. Form 4 gas capture plan submitted. DOC 403171302

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: Ross Warner

Signed: \_\_\_\_\_

Title: Compliance

Date: 4/4/2023 10:52:01 AM

**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>
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Total Attach: 0 Files