

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

Ross Warner

(970) 669-6308

ross.magpieoil@gmail.com

Kellerby, Shaun

shaun.kellerby@state.co.us

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

Qtrqr: 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

Qtrqr: 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