

State of Colorado
Energy & Carbon Management Commission



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

Document Number:
403739016

Date Received:
04/02/2024

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

Heibel, Krystal

krystal.heibel@state.co.us

Graber, Nikki

nikki.graber@state.co.us

Kost, Jody

magpieoil2@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697602225

Inspection Date: 11/28/2023

FIR Submit Date: 11/30/2023

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: 307112

Location Name: TUCKER-65N69W Number: 25NESE County: LARIMER

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

Latitude: 40.369398 Longitude: -105.061807

FACILITY - API Number: 05-069-00 Facility ID: 216894

Facility Name: TUCKER Number: 1

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

Latitude: 40.369398 Longitude: -105.061807

CORRECTIVE ACTIONS:

1 CA# 188689

Corrective Action: In accordance with 913.d.(1) Operator will investigate impacts to soil, Groundwater, and surface water as soon as the impacts are discovered.

Date: 11/30/2023

Response: CA COMPLETED

Date of Completion: 03/27/2024

Operator Comment: Form 27, Document #403709362, was submitted on 3/27/2024. This Form 27 is requesting further background sampling. Operator will adopt a quarterly reporting schedule.

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 4/2/2024 9:21:30 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files