

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403745120

Date Received:
04/05/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 11 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
Kost, Jody		magpieoil2@yahoo.com
Graber, Nikki		nikki.graber@state.co.us
Heibel, Krystal		krystal.heibel@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 697602231
Inspection Date: 12/05/2023 FIR Submit Date: 12/20/2023 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: 451505

Location Name: Little Beaver Unit Injection Plant Number: County:
Qtrqtr: NWN Sec: 5 Twp: 2S Range: 56W Meridian: 6
Latitude: 39.911967 Longitude: -103.686176

FACILITY - API Number: 05-121-00 Facility ID: 451505

Facility Name: Little Beaver Unit Injection Plant Number:
Qtrqtr: NWN Sec: 5 Twp: 2S Range: 56W Meridian: 6
Latitude: 39.911967 Longitude: -103.686176

CORRECTIVE ACTIONS:

5 CA# 189371

Corrective Action: Install signage to comply with Rule 605.h. or install signage to indicate tanks are permanently out of service.

Date: 01/19/2024

Response: CA COMPLETED

Date of Completion: 04/05/2024

Operator Comment: Per Rule 605.h. New NFPA signs have been placed on tanks. Photos have been attached.

COGCC Decision: _____

COGCC Representative: _____

9 CA# 189375

Corrective Action: Install emergency signage on all equipment and on location to comply with Rule 605. Date: 01/19/2024

Response: CA COMPLETED Date of Completion: 04/05/2024

Operator Comment: Per Rule 605, Updated emergency signage has been installed on all equipment and on location. Photos attached.

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: 4/5/2024 3:22:13 PM

ATTACHMENT LIST

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

Document Number	Description
403745123	Photo Log

Total Attach: 1 Files