

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:  
403660554

Date Received:  
01/25/2024

**FIR RESOLUTION FORM**

Overall Status: CAC

CA Summary:

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

1 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC 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>Jody Kost</u>	<u>719-429-1434</u>	<u>magpieoil2@yahoo.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100182  
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: 307109

Location Name: WEBER-65N68W Number: 29NENW County: \_\_\_\_\_  
Qtrqtr: NENW Sec: 29 Twp: 5N Range: 68W Meridian: 6  
Latitude: 40.376495 Longitude: -105.033050

FACILITY - API Number: 05-069-00 Facility ID: 307109

Facility Name: WEBER-65N68W Number: 29NENW  
Qtrqtr: NENW Sec: 29 Twp: 5N Range: 68W Meridian: 6  
Latitude: 40.376495 Longitude: -105.033050

CORRECTIVE ACTIONS:

1  CA# 188752

Corrective Action: The operator is to maintain best management practices to control and contain all spills/releases of E&P waste to protect the environment, public health, safety and welfare and the environment as required by rule 913.b(5)B.i which requires that Operators will fence or cover open remediation excavations to prevent access when sites are not attended.

Date: 12/26/2023

Response: CA COMPLETED Date of Completion: 12/01/2023

Operator Comment: Fencing has been maintained to fully surround excavation.

ECMC Decision: Approved

ECMC  
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: 1/25/2024 10:04:56 AM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
403660554	FIR RESOLUTION SUBMITTED
403660555	Photo Log

Total Attach: 2 Files