

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:

403670287

Date Received:

02/29/2024

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>WARNER, JAMES</u>	<u>970-669-6308</u>	<u>jwarner105@gmail.com</u>
<u>Krystal Heibel</u>		<u>krystal.heibel@state.co.us</u>
<u>Yost, Jody</u>	<u>720-233-0875</u>	<u>magpieoil2@yahoo.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100188

Inspection Date: 12/05/2023

FIR Submit Date: 12/28/2023

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: 313852

Location Name: REDIESS-61N56W Number: 18NESW County: _____

Qtrqtr: NESW Sec: 18 Twp: 1N Range: 56W Meridian: 6

Latitude: 40.048775 Longitude: -103.691090

FACILITY - API Number: 05-087-

-00

Facility ID: 101099

Facility Name: REDIESS

Number: _____

Qtrqtr: NESW Sec: 18 Twp: 1N Range: 56W Meridian: 6

Latitude: 40.048775 Longitude: -103.691090

CORRECTIVE ACTIONS:

1 ☒ CA# 189585

Corrective Action: 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: 01/11/2024

Response: CA COMPLETED

Date of Completion: 02/23/2024

Pipe located on site has been removed. Please see attached photos.

Operator Comment:	
ECMC Decision:	Approved
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
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:	2/29/2024 3:17:29 PM

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>
403670287	FIR RESOLUTION SUBMITTED
403704415	Photo Log

Total Attach: 2 Files