

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:
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

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>Ross Warner</u>	<u>(970) 669-6308</u>	<u>ross.magpieoil@gmail.com</u>
<u>Kellerby, Shaun</u>		<u>shaun.kellerby@state.co.us</u>

ECMC 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

ECMC Decision: _____

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: Ross Warner

Signed: _____

Title: Compliance

Date: 4/4/2023 10:52:01 AM

ATTACHMENT LIST

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

Document Number **Description**

403351652	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files