

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

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



Inspection Date:

09/16/2024

Submitted Date:

09/16/2024

Document Number:

697010128

FIELD INSPECTION FORM

Loc ID: 307092 Inspector Name: Peterson, Tom On-Site Inspection: 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 52530
Name of Operator: MAGPIE OPERATING INC
Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Jacobson, Eric		eric.jacobson@state.co.us	
Warner, Ross		ross.magpieoil@gmail.com	
Donahue, Jessica		jdonahue@ardorenvironmental.com	
Fanning, Trisha		tfanning@ardorenvironmental.com	
Kost, Jody		magpieoil2@yahoo.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
216840	WELL	SI	03/01/2024	GW	069-06027	MINCH 1-X	WK

General Comment:

This is a well plugging audit.

Location

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		

Comment:		Date:	
Corrective Action:		Date:	
Type: Other	#		
Comment:	Rig, pump and work tank are grounded.	Date:	
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead valve is exposed at surface.	Date:	
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:		Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO	Date:	
Comment:			
Corrective Action:			Date:

Flaring:

Type		Date:	
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 216840 Type: WELL API Number: 069-06027 Status: SI Insp. Status: WK

Cement

Cement Contractor

Contractor Name: Ranger Energy

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): 155 sxs

Good Return During Job: YES

Cement Type: Class G Neat 15.8#

Comment: MIRU RMWS e-line, load well bore with fresh water, perforate csg @ 1500' 6 SPF for annular squeeze, POOH with spent gun, RDMO e-line, RIH with CICR and tbg, set CICR @ 1454' KB, establish circulation with rig pump, MIRU Ranger Energy Services cementers, establish circulation, mix and pump 150 sxs Class G Neat 15.8 ppg cement slurry (30.7 bbls total) through CICR, sting out of CICR and spot 5 sxs of slurry (1 bbl total) on top of CICR, RDMO cementers, lay down tbg and stinger, SIW, SDFN.

Corrective Action: _____

Date: _____

BradenHead

Date of Last Brhd Test: 08/12/2024

Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 50

Fluid Type: WATER H2O

End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____

Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
697010129	Photos	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6708934