



OUT OF SERVICE WELLS REPORT

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

CONTACT INFORMATION

ECMC Operator Number: <u>52530</u>	Contact Name and Telephone:
Name of Operator: <u>MAGPIE OPERATING INC</u>	Name: <u>Jody Kost</u>
Address: <u>2707 SOUTH COUNTY RD 11</u>	Phone: <u>(719) 429-1434</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	Email: <u>magpieoil2@yahoo.com</u>

OUT OF SERVICE WELLS

Annual Out of Service Wells Report for Calendar Year: 2024

Report Summary

Total Out of Service Wells #
Valid Data #
Data with Errors # 0

Summaries Below are for Valid Data ONLY

	Not Started	In Progress	Complete
Electric Service Terminated	<u>0</u>	<u>0</u>	<u>0</u>
Lines & Equipment Purged	<u>0</u>	<u>0</u>	<u>0</u>
Surface Equipment Removed	<u>0</u>	<u>0</u>	<u>0</u>
OOSLAT Applied	<u>0</u>	<u>0</u>	<u>0</u>
Plug and Abandon Status	<u>0</u>	<u>0</u>	<u>0</u>

Plug and Abandon Status for Categories of Interest*	Not Started	In Progress	Complete	Total
Within 2000' of a School Facility	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Child Care Center	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a High Occupancy Building Unit	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Within High Priority Habitat	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

*Please note individual wells may fall into more than one Category of Interest

Describe the Operator's compliance with the timelines in Rule434.d.(4).

Operator is compliant with Rule 702. 17 wells have been plugged; 5 are in HPH. Magpie intends to plug 9 wells by the end of 2025.

OPERATOR COMMENT AND SUBMITTAL

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Print Name: Amber Barnett Email: abarnett@ardorenvironmental.com

Title: Compliance Specialist Date: 03/13/2025

CONDITIONS OF APPROVAL, IF ANY LIST

<u>COA Type</u>	<u>Description</u>

Total: 0 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Operator has made progress and the Out of Service well list and program will be evaluated with the next annual Form 6B Annual Out of Service Wells Report.	10/14/2025

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404126897	Form 06B SUBMITTED
404126920	EDD-WELLS
404391420	EDD-WELLS-REVIEW

Total Attach: 3 Files