

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
404570540

Date Received:  
03/06/2026

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

3 of 4 CAs from the FIR responded to on this Form

3 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>Allison, Rick</u>		<u>rick.allison@state.co.us</u>
<u>Carlile, Craig</u>		<u>craig.carlile@state.co.us</u>
<u>Kost, Jody</u>		<u>jkost@magpieoperating.com</u>
<u>MacLaren, Joe</u>		<u>joe.maclaren@state.co.us</u>
<u>Rollins, Grace</u>		<u>grace.rollins@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 718300126

Inspection Date: 02/25/2026

FIR Submit Date: 03/05/2026

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: 475184

Location Name: HALE-65N68W Number: 31NESE County: \_\_\_\_\_

Qtrqr: SWSE Sec: 31 Twp: 5N Range: 68W Meridian: 6

Latitude: 40.351172 Longitude: -105.041398

FACILITY - API Number: 05-069-00 Facility ID: 488488

Facility Name: Hale 3 Flowline Separator Number: \_\_\_\_\_

Qtrqr: SWSE Sec: 31 Twp: 5N Range: 68W Meridian: 6

Latitude: 40.351172 Longitude: -105.041398

CORRECTIVE ACTIONS:

**2** CA# 211398

Corrective Action:

Date: 03/19/2026

Comply with ECMC 1100 Series Rules,  
-Repair all flowlines intended for return to service per Rule 1102.j.  
-For shut-in or out of service off-location flowlines or crude oil transfer lines, Operator shall comply with Rule 1102.o.  
-For flowlines being abandoned, Operator shall comply with ECMC Rule 1105,  
-Ensure flowline(s) are isolated and depressurized; associated wells and isolation valves are SI/ OOSLAT to prevent unintentional release per Rule 1102.j.7  
-Historically abandoned/out of service flowlines exposed in the excavation must be abandoned per ECMC Rule 1105 (ends sealed per Rule 1105.e.4). Provide confirmation documentation of completion (photos) to ECMC Integrity Inspector and Engineer.

Response: CA COMPLETED

Date of Completion: 03/06/2026

Operator Comment: End caps have been installed on the historically abandoned flowlines; photo documentation is attached. The Hale #1 Off-Location Flowline has been OOSLAT.

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

**3** CA# 211399

Corrective Action: Comply with Rule 606.

Date: 03/19/2026

Response: CA COMPLETED

Date of Completion: 03/06/2026

Operator Comment: Per Rule 606, pieces of fencing and debris have been removed from the excavation.

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

**4** CA# 211400

Corrective Action: Operator shall immediately install, repair and maintain best management practices to protect the environment, public health, safety and welfare and the environment as required by Rule 913.b.(5)B.i and ECMC Guidance 913.b.(5)B. i-v which requires fencing used be appropriate to site conditions, ie: nearby residences, depth of excavation, presence of ground or surface water, livestock, wind, etc.

Date: 03/05/2026

Response: CA COMPLETED

Date of Completion: 03/06/2026

Operator Comment: Fencing has been repaired around the excavation area. Operator will continue to conduct regular site visits and after major storms to inspect fencing and repair as needed. Please note that Field Inspection Form (Document 718300126) was submitted on 3/5/2026 at 4:07pm; Operator completed the corrective action in a timely manner after receipt and review of the corrective actions.

ECMC Decision: \_\_\_\_\_

ECMC Representative: \_\_\_\_\_

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Please note that Field Inspection Form (Document 718300126) was submitted on 3/5/2026 at 4:07pm; Operator completed the corrective action in a timely manner after receipt and review of the corrective actions.

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: \_\_\_\_\_

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
404570540	FIR RESOLUTION SUBMITTED
404570547	Photo Documentation

Total Attach: 2 Files