

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401889503

Date Received:

12/31/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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, Ryan</u> | <u>970-669-6308</u> | <u>magpieoil@yahoo.com</u> |
| <u>Warner, Ross</u> | | <u>ross.magpieoil@gmail.com</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 674301086

Inspection Date: 11/27/2018

FIR Submit Date: 11/27/2018

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: 307052

Location Name: IVERS, DOROTHY-65N68W Number: 29NWNW County: _____

Qtrqr: NWN Sec: 29 Twp: 5N Range: 68W Meridian: 6
W

Latitude: 40.376123 Longitude: -105.037840

FACILITY - API Number: 05-069-00 Facility ID: 307052

Facility Name: IVERS, DOROTHY-65N68W Number: 29NWNW

Qtrqr: NWN Sec: 29 Twp: 5N Range: 68W Meridian: 6
W

Latitude: 40.376123 Longitude: -105.037840

CORRECTIVE ACTIIONS:

1 CA# 120637

Corrective Action:

Date: 12/31/2018

Response: CA COMPLETED

Date of Completion: 12/28/2018

Operator Comment:

COGCC Decision: _____

COGCC Representative: _____

2 CA# 120638

Corrective Action: Expose Bradenhead valve to surface.

Date: 12/31/2018

Response: CA COMPLETED

Date of Completion: 12/21/2018

Operator Comment:

Bradenhead has been exposed

COGCC Decision: _____

COGCC 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: Ryan Warner

Signed: _____

Title: Vice President

Date: 12/31/2018 3:03:04 PM

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
| 401889504 | Belt guard |
| 401889505 | bradenhead |

Total Attach: 2 Files