

Inspector Name: QUINT, CRAIG

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

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



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Inspection Date:

04/19/2013

Document Number:

668600645

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>218204</u>	<u>309601</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 52530 Name of Operator: MAGPIE OPERATING, INCAddress: 2707 SOUTH COUNTY RD 11City: LOVELAND State: CO Zip: 80537**Contact Information:**

Contact Name	Phone	Email	Comment
Warner, James M	(970) 669-6308	magpieoil@yahoo.com	
warner, ryan	(970) 669-6308	magpieoil@yaoo.com	
KOEHLER, BOB		bob.koehler@state.co.us	

Compliance Summary:QtrQtr: NWNW Sec: 30 Twp: 9S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/11/2011	200308334	PR	SI	U			Y
04/05/2010	200241249	PR	SI	S			N
09/25/2007	200119488	MT	SI	S			N
06/25/2007	200113650	PR	SI	U		F	Y
01/31/2005	200066103	PR	PR	S		P	N
11/16/2000	200012762	PR	PR	S	I	P	N
12/30/1997	500152371	PR	PR			P	N
10/17/1996	500152370	PR	PR			P	N
10/06/1995	500152369	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
218204	WELL	PR	08/01/2012	OW	073-06189	SAFRANEK-STATE 2-30	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	ELEVATED GRAVEL ROAD THROUGH PASTURE WITH A CATTLE GUARD AND CULVERT.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	NO VISIBLE LEASE SIGN.	Install sign to comply with rule 210.d.	07/19/2013
TANK LABELS/PLACARDS	Satisfactory	STICKERS AND STENCILS ON TANKS.		
BATTERY	Unsatisfactory	NO VISIBLE LEASE SIGN	Install sign to comply with rule 210.d.	07/19/2013

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 07/19/2013

Comment: NO VISIBLE EMERGENCY NUMBERS.

Corrective Action: INSTALL EMERGENCY CONTACT NUMBERS.

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	MISC PARTS AND BROKEN FENCE POST AROUND LOCATION.	REMOVE DEBRIS	07/19/2013

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	INCOMPLETE WIRE FENCING AROUND ALL WELLHEAD EQUIPMENT.	REPAIR FENCE	07/19/2013
TANK BATTERY	Unsatisfactory	INCOMPLETE WIRE FENCING AROUND ALL BATTERY EQUIPMENT	REPAIR FENCE	07/19/2013

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Veritcal Heater Treater	1	Satisfactory	WITH METAL SHED		
Prime Mover	1	Satisfactory	ELEC MOTOR		
Pump Jack	1	Satisfactory	228 VULCAN		
Deadman # & Marked	4	Unsatisfactory	DEADMEN ARE NOT MARKED	MARK DEADMEN	07/19/2013
Ancillary equipment	4	Satisfactory	ELEC PANELS, TRANSFORMER, ELEC METER, CHEMICAL BARREL W/O CONTAINMENT.		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<50 BBLS	CONCRETE SUMP/VAULT	39.242530,-103.713220

S/U/V: Satisfactory Comment: NO BERM

Corrective Action: _____ Corrective Date: _____

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	39.242500,-103.713250

S/U/V: Satisfactory Comment: TANK IS NOT HOOKED UP.

Corrective Action: _____ Corrective Date: _____

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action BERMS MUST BE BUILT BEFORE WELL CAN BE PLACED BACK INTO PRODUCTION. Corrective Date 07/19/2013

Comment NO BERMS

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	400 BBLS	STEEL AST	39.242660,-103.713270	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Corrective Action	BERMS MUST BE REPAIRED BEFORE WELL CAN BE PLACED BACK INTO PRODUCTION.			Corrective Date	07/19/2013
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 309601

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment:**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Facility**

Facility ID: 218204 Type: WELL API Number: 073-06189 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

S/V: ViolationCA Date: 07/19/2013

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: WELL WAS REQUIRED TO PASS A MECHANICAL INTEGRITY TEST BY 9/25/2012. CONTACT CRAIG QUINT WITHIN 10 DAYS OF RECEIPT OF THIS INSPECTION TO SCHEDULE MECHANICAL INTEGRITY TEST.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Fail CM MISC PARTS AND BROKEN FENCING AROUND LOCATION.CA REMOVE PARTS AND FENCING. CA Date 07/19/2013Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Fail CM DEADMEN ARE NOT MARKED

Inspector Name: QUINT, CRAIG

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: PIT HAS SOME WATER IN IT, POSSIBLY MELTED SNOW.

Fencing:

Fencing Type: Livestock Fencing Condition: Inadequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment:

Corrective Action: Date: _____