

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



Inspection Date:
06/13/2016
Document Number:
673713316
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>234107</u>	<u>316984</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>52530</u>
Name of Operator:	<u>MAGPIE OPERATING, INC</u>
Address:	<u>2707 SOUTH COUNTY RD 11</u>
City:	<u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Warner, Ryan and James	(970) 669-6308	magpieoil@yahoo.com	

Compliance Summary:

QtrQtr: NENW Sec: 5 Twp: 2S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/02/2014	668603235	PR	TA	ACTION REQUIRED			No
11/28/2014	673708301	PR	TA	ACTION REQUIRED	I		No
10/09/2014	673706768	PR	SI	ACTION REQUIRED	F		No
02/12/2013	664000759	SI	SI	SATISFACTORY			No
07/27/2012	663700054	PR	PR	SATISFACTORY			No
07/16/2012	663400613	PR	SI	ACTION REQUIRED	P		No
01/06/2010	200237298	SR	PR	ACTION REQUIRED			Yes
08/22/2008	200196556	PR	SI	ACTION REQUIRED			Yes
08/25/2000	200009409	PR	PR	SATISFACTORY		Pass	No
07/07/1999	872983	ID	SI			Fail	Yes
06/30/1997	500158598	PR	PR			Pass	No
06/19/1995	500158597	PR	PR			Fail	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234107	WELL	PR	09/01/2012	OW	121-06206	LITTLE BEAVER UNIT 43	SI <input checked="" type="checkbox"/>

Equipment:

Location Inventory

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/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS		Control weeds on access road (see attached photo).		
DEBRIS		Miscellaneous debris on ground around wellhead (see attached photo).		

Spills:

Type	Area	Volume	Corrective action	CA Date
Crude Oil	Flow Line	<= 1 bbl	Clean up free oil in CRP within 24 hours. (The amount of oil spilled will be reported to COGCC EPS on Form 19/27.) See attached photos.	06/15/2016
Crude Oil	WELLHEAD	<= 1 bbl	Clean up free oil at wellhead within 24 hours. (The amount of oil spilled will be reported to COGCC EPS on Form 19/27.) See attached photos.	06/15/2016
Produced Water	Flow Line	<= 1 bbl	Contact COGCC EPS. (If produced water was spilled, the amount of produced water spilled will be reported to COGCC EPS on Form 19/27.)	06/15/2016

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY	hog panels		

Equipment:

Type	Quantity	Satisfactory/Action Required
Prime Mover	# 1	SATISFACTORY

Comment		electric motor	
Corrective Action		Date:	
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment		electric panel, gas scrubber, REA pole on well location (plus 5 poles back to tank battery)	
Corrective Action		Date:	
Type: Pump Jack	# 1	Satisfactory/Action Required:	
Comment		oil under pump jack, concrete pad	
Corrective Action		Date:	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,
S/AR		Comment:		
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				

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 234107

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY **Comment:** No COAs.

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ Date: _____

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: 234107 Type: WELL API Number: 121-06206 Status: PR Insp. Status: SI

Producing Well

Comment: Dec 2015 last production reported to COGCC database. Update production data on Form 7's.

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Pumper said that well was shut in because of the flowline leak.

Environmental

Spills/Releases:

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

Inspector Name: Sherman, Susan

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

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

Water Well: _____ Lat _____ Long _____

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

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: CRP _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass	SR	Fail	

S/A/V: **ACTION REQUIRED** Corrective Date: **07/15/2016**

Comment: **No BMPs in place to prevent spilled oil from leaving location and entering pooled rain water at wellhead.**

CA: **Install BMPs to prevent site degradation.**

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Contacted operator on 6/13/2016 about the flow line leak and told them to submit Form 19, Spill/Release Report. COGCC EPS and Flowline Integrity Engineer will also follow up with operator. On 6/14/2016 it was observed by inspector that operator had vacuum truck at the flow line spill.	ShermaSe	06/14/2016

Attached Documents

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

Document Num	Description	URL
673713323	Magpie Little Beaver Unit 43	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3879132