

**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:
	234107	316984	Sherman, Susan	<input type="checkbox"/>	

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

- ☐ 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

Inspector Name: Sherman, Susan

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: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	

Inspector Name: Sherman, Susan

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	
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 WellPurpose: ☒ 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 _____

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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:

Inspector Name: Sherman, Susan

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