

**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:

673713321

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 234105      | 316983 | 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: NWNE 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/09/2014 | 673706770 | PR         | TA          | ACTION REQUIRED               |          |                | No              |
| 01/28/2014 | 673701027 | PR         | PR          | ACTION REQUIRED               | P        |                | No              |
| 01/06/2010 | 200237315 | SR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 08/22/2008 | 200196555 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 08/25/2000 | 200009408 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 07/07/1999 | 872986    | ID         | SI          |                               |          | Fail           | Yes             |
| 06/30/1997 | 500158596 | PR         | PR          |                               |          | Pass           | No              |
| 06/19/1995 | 500158595 | PR         | PR          |                               |          |                |                 |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 234105      | WELL | PR     | 12/01/2012  | OW         | 121-06204 | LITTLE BEAVER UNIT 42 | PR          | <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 |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Fencing/:**

| Type      | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
|-----------|------------------------------|-----------|-------------------|---------|
| PUMP JACK | SATISFACTORY                 | wire mesh |                   |         |

**Equipment:**

|                           |                                  |                               |              |
|---------------------------|----------------------------------|-------------------------------|--------------|
| Type: Pump Jack           | # 1                              | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |                                  |                               |              |
| Corrective Action         |                                  |                               | Date:        |
| Type: Deadman # & Marked  | # 4                              | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |                                  |                               |              |
| Corrective Action         |                                  |                               | Date:        |
| Type: Prime Mover         | # 1                              | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | electric motor                   |                               |              |
| Corrective Action         |                                  |                               | Date:        |
| Type: Ancillary equipment | # 3                              | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | 2 electric poles, electric panel |                               |              |
| Corrective Action         |                                  |                               | Date:        |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

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

Inspector Name: Sherman, Susan

|                    |          |                     |                     |                 |  |
|--------------------|----------|---------------------|---------------------|-----------------|--|
| Corrective Action: |          | Corrective Date:    |                     |                 |  |
| <b>Paint</b>       |          |                     |                     |                 |  |
| Condition          |          |                     |                     |                 |  |
| Other (Content)    |          |                     |                     |                 |  |
| Other (Capacity)   |          |                     |                     |                 |  |
| Other (Type)       |          |                     |                     |                 |  |
| <b>Berms</b>       |          |                     |                     |                 |  |
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |  |
|                    |          |                     |                     |                 |  |
| Corrective Action  |          |                     |                     | Corrective Date |  |
| Comment            |          |                     |                     |                 |  |

|                 |  |
|-----------------|--|
| <b>Venting:</b> |  |
| Yes/No          |  |
| Comment         |  |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 234105

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: 234105 Type: WELL API Number: 121-06204 Status: PR Insp. Status: PR

**Producing Well**

Comment: Dec 2015 last reported to COGCC database. Update production data.

**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:**

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: **dryland crop, ponded water to the SW of location**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: \_\_\_\_\_

Inspector Name: Sherman, Susan

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment  | User     | Date       |
|--|----------|------------|
| Corrective actions from inspection #673706770 completed. | ShermaSe | 06/16/2016 |

**Attached Documents**

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

| Document Num | Description                  | URL   |
|--------------|------------------------------|---|
| 673713321    | INSPECTION APPROVED          | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881958">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881958</a> |
| 673713354    | Magpie Little Beaver Unit 42 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881944">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881944</a> |