

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:
401622390
Date Received:
04/27/2018

FIR RESOLUTION FORM

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 and James</u>	<u>(970) 669-6308</u>	<u>magpieoil@yahoo.com</u>
<u>Sutphin, Dirk</u>		<u>dirk.sutphin@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688301656

Inspection Date: 04/02/2018

FIR Submit Date: 04/02/2018

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: 309601

Location Name: SAFRANEK-STATE-69S56W Number: 30NWNW County: LINCOLN

Qtrqr: NWN Sec: 30 Twp: 9S Range: 56W Meridian: 6
W

Latitude: 39.242386 Longitude: -103.712457

FACILITY - API Number: 05-073-00 Facility ID: 218204

Facility Name: SAFRANEK-STATE Number: 2-30

Qtrqr: NWN Sec: 30 Twp: 9S Range: 56W Meridian: 6
W

Latitude: 39.242386 Longitude: -103.712457

CORRECTIVE ACTIIONS:

1 CA# 115522

Corrective Action: Closed hatch.

Date: 04/04/2018

Response: CA COMPLETED

Date of Completion: 04/04/2018

Operator Comment: Thief hatch was closed immediately upon notification.

COGCC Decision: Approved

COGCC
Representative:

2 CA# 115523

Corrective Action: Well must have a successful mechanical integrity test performed or plugged as directed by Rule 319 b (3). Contact COGCC Engineer within 10 days.

Date: 04/16/2018

Response: CA COMPLETED

Date of Completion: 04/16/2018

Operator Comment: MIT is not needed per the request. Last MIT was performed 1/21/15; well is still SI. Confirmed with COGCC, see attached email.

COGCC Decision: Approved

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: 4/27/2018 10:13:59 AM

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>
401622390	FIR RESOLUTION SUBMITTED
401622398	Email between RW and Dirk re. request for MIT

Total Attach: 2 Files