

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:

401734596

Date Received:

08/15/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 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

Warner, Ryan and James

(970) 669-6308

magpieoil@yahoo.com

Sutphin, Dirk

dirk.sutphin@state.co.us

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:

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: 01/28/2016

MIT was completed on January 28, 2016. Please see attached report.

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

COGCC Decision: \_\_\_\_\_

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: 8/15/2018 1:29:29 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

**Document Number      Description**

401734618	MIT
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Total Attach: 1 Files