

**FORM  
INSP**

Rev  
X/15

**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:

06/03/2019

Submitted Date:

06/04/2019

Document Number:

688304503

**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
316992 \_\_\_\_\_ Sherman, Susan \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

5 Number of Comments

1 Number of Corrective Actions

Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**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 Information:**

Contact Name	Phone	Email	Comment
Pesicka, Conor		conor.pesicka@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Warner, Ross	720-309-9380	ross.magpieoil@gmail.com	<a href="#">All Inspections</a>
Warner, Ryan and James	(970) 669-6308	magpieoil@yahoo.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234150	WELL	SI	06/01/2018	GW	121-06251	LITTLE BEAVER UNIT 30	SI

**General Comment:**

[UIT MIT Pretest, failed per operator](#)

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

**Emergency Contact Number:**

Comment:			
Corrective Action:			Date: _____

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

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

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	steel panels in dryland crop field		
Corrective Action:			Date:

**Equipment:**

					corrective date
Type: Bird Protectors	#				
Comment:					
Corrective Action:				Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:					
Corrective Action:				Date:	

**Paint**

Condition			
Other (Content)			
Other (Capacity)			
Other (Type)			

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Location Construction**

Location ID: 234150 CDP: \_\_\_\_\_

Comment:

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

**Form 2A COAs:**

**Comment:** No COAs.

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

**Wildlife BMPs:**

**Comment:**

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

**Comment:**

**Corrective Action:**  Date: \_\_\_\_\_

**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:

**Inspected Facilities**

Facility ID: 234150 Type: WELL API Number: 121-06251 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND  
 TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 06/25/2014  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: Per operator, pretest failed. Per Bob Koehler's email to operator on 6/3/2019, "The wells must be repaired and pass an MIT before being returned to service or be plugged and abandoned by 12/3/2019. Both wells must also remain Shut In until they pass an MIT or are plugged and abandoned."

Corrective Action: Contact dnr\_cogccengineering@state.co.us with resolution plan. Date: 06/18/2019

**Attached Documents**

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

Document Num	Description	URL
402063600	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839418">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839418</a>
688304769	Magpie Operating Little Beaver Unit 30 well sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839412">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839412</a>
688304770	Magpie Operating Little Beaver Unit 30 wellhead	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839413">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839413</a>