

**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:

688304504**FIELD INSPECTION FORM**
 Loc ID 316988 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 52530Name of Operator: MAGPIE OPERATING INCAddress: 2707 SOUTH COUNTY RD 11City: LOVELAND State: CO Zip: 80537**Status Summary:**

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

**Findings:**5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM  
PREVIOUS INSPECTIONS THAT HAVE NOT  
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

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

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
234123	WELL	SI	06/01/2018	ERIW	121-06222	LITTLE BEAVER UNIT 41	SI

**General Comment:**[UIC MIT, failed](#)

**Location**Overall Good: ☐**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

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

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

**Equipment:**

Type: Deadman # & Marked	# 4		corrective date
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: 234123 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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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**Inspected Facilities**

Facility ID: 234123 Type: WELL API Number: 121-06222 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: 06/04/2014  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

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

Test Type: 5 Year Tbg psi: 240 Csg psi: 240 BH psi: 0

Insp. Status: Fail Leak Type: Tubing

Comment: Tubing and casing in communication when well pressured up. 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." Rig was on location on 6/3/2019.

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
402063601	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839419">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839419</a>
688304765	Magpie Operating , Little Beaver Unit 41 well sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839414">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839414</a>
688304766	Magpie Operating , Little Beaver Unit 41 wellhead	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839415">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839415</a>
688304768	Magpie Operating , Little Beaver Unit 41 Form 21	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839416">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4839416</a>