

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403660554

Date Received:

01/25/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 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

Jody Kost

719-429-1434

magpieoil2@yahoo.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 709100182

Inspection Date: 11/28/2023

FIR Submit Date: 11/30/2023

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: 307109

Location Name: WEBER-65N68W Number: 29NENW County: _____

Qtrqtr: NENW Sec: 29 Twp: 5N Range: 68W Meridian: 6

Latitude: 40.376495 Longitude: -105.033050

FACILITY - API Number: 05-069- -00 Facility ID: 307109

Facility Name: WEBER-65N68W Number: 29NENW

Qtrqtr: NENW Sec: 29 Twp: 5N Range: 68W Meridian: 6

Latitude: 40.376495 Longitude: -105.033050

CORRECTIVE ACTIONS:

1 CA# 188752

Corrective Action: The operator is to maintain best management practices to control and contain all spills/releases of E&P waste to protect the environment, public health, safety and welfare and the environment as required by rule 913.b(5)B.i which requires that Operators will fence or cover open remediation excavations to prevent access when sites are not attended.

Date: 12/26/2023

Response: CA COMPLETED

Date of Completion: 12/01/2023

Operator Comment: Fencing has been maintained to fully surround excavation.

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: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/25/2024 10:04:56 AM

ATTACHMENT LIST

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

Document Number **Description**

403660555	Photo Log
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Total Attach: 1 Files