

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:

403661109

Date Received:

03/18/2024

## 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

WARNER, JAMES

970-669-6308

jwarner105@gmail.com

Alex Ahmadian

alexander.ahmadian@state.co.us

Krystal Heibel

krystal.heibel@state.co.us

Kost, Jody

magpieoil2@yahoo.com

### COGCC INSPECTION SUMMARY:

FIR Document Number: 709100202

Inspection Date: 01/03/2024

FIR Submit Date: 01/04/2024

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: 388323

Location Name: STATE-69N55W Number: 36NENE County: \_\_\_\_\_

Qtrqr: NENE Sec: 36 Twp: 9N Range: 55W Meridian: 6

Latitude: 40.714817 Longitude: -103.462633

#### FACILITY - API Number: 05-075- -00 Facility ID: 388323

Facility Name: STATE-69N55W Number: 36NENE

Qtrqr: NENE Sec: 36 Twp: 9N Range: 55W Meridian: 6

Latitude: 40.714817 Longitude: -103.462633

### CORRECTIVE ACTIONS:

1 CA# 189806

Corrective Action: Operator shall remediate the historic release by collecting soil samples and analyzing for Table 915-1. This informations shall be submitted within the next Form 27 submittal.

Date: 02/04/2024

Response: CA COMPLETED

Date of Completion: 03/13/2024

Location is under Remediation Project #6103. Form 27 Supplemental, Document # 403713018, was submitted on

Operator Comment:	3/13/2024. This Form 27 proposes further sampling within the areas that was observed to have no vegetation.
COGCC Decision:	
COGCC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
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: 3/18/2024 11:57:02 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>

Total Attach: 0 Files