

State of Colorado Energy & Carbon Management Commission



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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
<u>WARNER, JAMES</u>	<u>970-669-6308</u>	<u>jwarner105@gmail.com</u>
<u>Alex Ahmadian</u>		<u>alexander.ahmadian@state.co.us</u>
<u>Krystal Heibel</u>		<u>krystal.heibel@state.co.us</u>
<u>Kost, Jody</u>		<u>magpieoil2@yahoo.com</u>

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: _____

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: 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.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files