

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:

403397556

Date Received:

05/09/2023

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

ECMC 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>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Ross Warner</u>	<u>(970) 669-6308</u>	<u>ross.magpieoil@gmail.com</u>
<u>Jessica Donahue</u>		<u>jdonahue@ardorenvironmental.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 689803854

Inspection Date: 03/23/2020

FIR Submit Date: 03/27/2020

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: 316739

Location Name: RICHFIELD-WIRICK-FEDERAL-65N88W Number: 14SESE County: ROUTT

Qtrqtr: SESE Sec: 14 Twp: 5N Range: 88W Meridian: 6

Latitude: 40.387100 Longitude: -107.220050

FACILITY - API Number: 05-107-00 Facility ID: 232482

Facility Name: RICHFIELD-WIRICK-FEDERAL Number: 1

Qtrqtr: SESE Sec: 14 Twp: 5N Range: 88W Meridian: 6

Latitude: 40.387100 Longitude: -107.220050

CORRECTIVE ACTIONS:

1 CA# 137480

Corrective Action: Comply with Rule 603.f.
Properly dispose of oily waste in accordance with 907.e.

Date: 04/13/2020

Response: CA COMPLETED

Date of Completion: 04/13/2020

Stained soil was observed at wellhead. Wellhead area was excavated, oily soil removed from site and contained

Operator Comment: for disposal according to COGCC rule 907.

ECMC Decision: _____

ECMC 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: Ross Warner

Signed: _____

Title: Regulatory

Date: 5/9/2023 9:34:59 AM

ATTACHMENT LIST

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

Document Number **Description**

403397556	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files