

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:  
403856442

Date Received:  
07/16/2024

**FIR RESOLUTION FORM**

Overall Status: CAC

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>Fanning, Trisha</u>		<u>tfanning@ardorenvironmental.com</u>
<u>Kost, Jody</u>		<u>magpieoil2@yahoo.com</u>
<u>Donahue, Jessica</u>		<u>jdonahue@ardorenvironmental.com</u>
<u>Warner, Ross</u>		<u>ross.magpieoil@gmail.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 697009732  
Inspection Date: 07/15/2024 FIR Submit Date: 07/15/2024 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: 307140

Location Name: OLANDER-65N68W Number: 32SWSE County: \_\_\_\_\_  
Qtrqr: SWSE Sec: 32 Twp: 5N Range: 68W Meridian: 6  
Latitude: 40.351084 Longitude: -105.028539

FACILITY - API Number: 05-069-00 Facility ID: 307140

Facility Name: OLANDER-65N68W Number: 32SWSE  
Qtrqr: SWSE Sec: 32 Twp: 5N Range: 68W Meridian: 6  
Latitude: 40.351084 Longitude: -105.028539

CORRECTIVE ACTIONS:

1  CA# 196757

Corrective Action: Comply with Rile 608.e. Date: 08/02/2024

Response: CA COMPLETED Date of Completion: 07/16/2024

Per Rule 608.e., the drain valve has been securely fastened to prevent further leaks. Stained soil has been cleaned up and properly disposed of.

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

ECMC Decision: Approved pending re-inspection

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: Amber Barnett

Signed: \_\_\_\_\_

Title: Compliance Specialist

Date: 7/16/2024 2:00:35 PM

### ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403856442	FIR RESOLUTION SUBMITTED
403856459	Photo Log

Total Attach: 2 Files