

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401706665

Date Received:

07/18/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10531

Name of Operator: VANGUARD OPERATING LLC

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Ghan, Scott

970-744-8128

sghan@vnrenergy.com

Aaron, Axelson

230-0926

aaxelson@vnrenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301364

Inspection Date: 06/22/2018

FIR Submit Date: 06/22/2018

FIR Status: _____

Inspected Operator Information:

Company Name: VANGUARD OPERATING LLC

Company Number: 10531

Address: 5847 SAN FELIPE #3000

City: HOUSTON State: TX Zip: 77057

LOCATION - Location ID: 415310

Location Name: GGU FED (MDP PAD #9) Number: 22B-28-691 County: GARFIELD

Qtrqr: SENW Sec: 28 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.500842 Longitude: -107.561871

FACILITY - API Number: 05-045-00 Facility ID: 416026

Facility Name: GGU FEDERAL Number: 23C-28-691

Qtrqr: SENW Sec: 28 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.500842 Longitude: -107.561871

CORRECTIVE ACTIONS:

1 CA# 116948

Corrective Action: Install sign to comply with Rule 210.e.

Date: 07/22/2018

Response: CA COMPLETED

Date of Completion: 07/16/2018

Operator Comment: Tank label has been replaced.

COGCC Decision: _____

COGCC
Representative:

2 CA# 116949

Corrective Action: Properly treat or dispose of oily waste in accordance with Rule 907.e.

Date: 07/22/2018

Response: CA COMPLETED

Date of Completion: 07/18/2018

Operator
Comment:

The stained ballast material inside the lined secondary containment has been treated.

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: Scott Ghan

Signed: _____

Title: Senior EHS Specialist

Date: 7/18/2018 1:15:25 PM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files