

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:

401799722

Date Received:

10/17/2018

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
<u>Ghan, Scott</u>	<u>970-744-8128</u>	<u>sghan@vnrenergy.com</u>
<u>Aaron, Axelson</u>	<u>230-0926</u>	<u>aaxelson@vnrenergy.com</u>
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689301927

Inspection Date: 09/17/2018

FIR Submit Date: 09/17/2018

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: 335505

Location Name: JACKSON-66S92W Number: 28NWSE County: GARFIELD

Qtrqtr: NWSE Sec: 28 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.495046 Longitude: -107.667281

FACILITY - API Number: 05-045- -00 Facility ID: 279431

Facility Name: JACKSON Number: 44D-28-692

Qtrqtr: NWSE Sec: 28 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.495046 Longitude: -107.667281

CORRECTIVE ACTIONS:

1 CA# 118769

Corrective Action: Mark as required

Date: 10/17/2018

Response: CA COMPLETED

Date of Completion: 10/10/2018

Operator
Comment: Marked anchor

COGCC Decision: _____

COGCC
Representative:

2 CA# 118770

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

Date: 10/17/2018

Response: CA COMPLETED

Date of Completion: 09/25/2018

Operator
Comment:

Removed stained soil

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: Aaron Axelson

Signed:

Title: Sr. Production Foreman

Date: 10/17/2018 11:27:08 AM

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