

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
401908084
Date Received:
01/17/2019

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>Aaron, Axelson</u>	<u>230-0926</u>	<u>aaxelson@vnrenergy.com</u>
<u>Ghan, Scott</u>	<u>970-744-8128</u>	<u>sghan@vnrenergy.com</u>
<u>Collett, Shane</u>		<u>scollett@vnrenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302958

Inspection Date: 01/14/2019

FIR Submit Date: 01/14/2019

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: 424341

Location Name: MDP-25 PAD (SESW 33-691) Number: 23A-33-691 County: GARFIELD

Qtrqtr: SESW Sec: 33 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.479298 Longitude: -107.559915

FACILITY - API Number: 05-045- -00 Facility ID: 449870

Facility Name: CSF Number: 41D-4-791

Qtrqtr: SESW Sec: 33 Twp: 6S Range: 91W Meridian: 6

Latitude: 39.479298 Longitude: -107.559915

CORRECTIVE ACTIONS:

1 CA# 121698

Corrective Action: Install wildlife screen per Rule 605.b.(7).

Date: 02/14/2019

Response: CA COMPLETED

Date of Completion: 01/16/2019

Operator Comment: Installed plate on burner.

COGCC Decision: _____

COGCC
Representative:

2 CA# 121699

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

Date: 02/14/2019

Response: CA COMPLETED

Date of Completion: 01/15/2019

Operator
Comment: Installed sign on tank.

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: 1/17/2019 6:14:42 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