

State of Colorado
Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
401913089
Date Received:
01/22/2019

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

Ghan, Scott

970-744-8128

sghan@vnrenergy.com

Collett, Shane

scollett@vnrenergy.com

Aaron, Axelson

230-0926

aaxelson@vnrenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689303008

Inspection Date: 01/17/2019

FIR Submit Date: 01/17/2019

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: 335157

Location Name: SPECIALTY-66S92W Number: 21SWSE County: GARFIELD

Qtrqr: SWSE Sec: 21 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.508320 Longitude: -107.668290

FACILITY - API Number: 05-045- -00 Facility ID: 292949

Facility Name: SPECIALTY Number: 43C-21-692

Qtrqr: SWSE Sec: 21 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.508320 Longitude: -107.668290

CORRECTIVE ACTIONS:

1 CA# 121791

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

Date: 01/21/2019

Response: CA COMPLETED

Date of Completion: 01/21/2019

Operator
Comment: Removed impacted soil.

COGCC Decision: _____

COGCC
Representative:

2 CA# 121792

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 01/21/2019

Response: CA COMPLETED

Date of Completion: 01/21/2019

Operator
Comment: Replaced valve and tighten hammer union.

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: 1/22/2019 11:23:37 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