

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:

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  
Qtrqtr: 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  
Qtrqtr: 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**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files