

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:

401961922

Date Received:

03/06/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<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>Collett, Shane</u>		<u>scollett@vnrenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689303400

Inspection Date: 03/01/2019

FIR Submit Date: 03/01/2019

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: 335441

Location Name: WILSON-66S92W Number: 23NWSE County: GARFIELD

Qtrqtr: NWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.511820 Longitude: -107.629970

FACILITY - API Number: 05-045-00 Facility ID: 276318

Facility Name: WILSON Number: 43A-23-692

Qtrqtr: NWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.511820 Longitude: -107.629970

CORRECTIVE ACTIONS:

1 CA# 122834

Corrective Action: Comply with rule 603.f.  
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove  
riser

Date: 03/29/2019

Response: CA COMPLETED

Date of Completion: 03/02/2019

Operator Comment: Tagged risers on 3/2/2019 and removed risers on 3/5/2018.

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: 3/6/2019 8:30:56 AM

**ATTACHMENT LIST**

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files