

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:

401964107

Date Received:

03/07/2019

FIR RESOLUTION FORM

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

Aaron, Axelson

230-0926

aaxelson@vnrenergy.com

Ghan, Scott

970-744-8128

sghan@vnrenergy.com

Collett, Shane

scollett@vnrenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 689303404

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: 413567

Location Name: THARP Number: 41D-23-692 County: GARFIELD

Qtrqr: NENE Sec: 23 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.519208 Longitude: -107.625725

FACILITY - API Number: 05-045-00 Facility ID: 412786

Facility Name: THARP Number: 14D-13-692

Qtrqr: NENE Sec: 23 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.519208 Longitude: -107.625725

CORRECTIVE ACTIONS:

1 ☒ CA# 122836

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: 03/05/2019

Response: CA COMPLETED

Date of Completion: 03/05/2019

Tightened and cleaned small seeps on fittings.

Operator _____
Comment: _____

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approval/passing of the FORM 4/FIRR, acknowledges that the Oil and Gas Conservation Commission has received the Notice.
A field inspection will be conducted to evaluate compliance.

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: 3/7/2019 9:54:03 AM

ATTACHMENT LIST

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

Document Number **Description**

401964107	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files