

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:
401831138

Date Received:
11/14/2018

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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689302290

Inspection Date: 11/06/2018 FIR Submit Date: 11/06/2018 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: 335300

Location Name: BRYNILDSON-66S92W Number: 20SWSW County: GARFIELD

Qtrqtr: SWS Sec: 20 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.507210 Longitude: -107.698404

FACILITY - API Number: 05-045- -00 Facility ID: 298342

Facility Name: BRYNILDSON Number: 14A-20-692

Qtrqtr: SWS Sec: 20 Twp: 6S Range: 92W Meridian: 6
W

Latitude: 39.507210 Longitude: -107.698404

CORRECTIVE ACTIIONS:

1 CA# 120236

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

Date: 12/06/2018

Response: CA COMPLETED

Date of Completion: 11/07/2018

Operator
Comment: Removed impacted materail

COGCC Decision: _____

COGCC
Representative:

2 CA# 120237

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

Date: 12/06/2018

Response: CA COMPLETED

Date of Completion: 10/08/2018

Operator
Comment: Added missing information

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: 11/14/2018 11:40:11 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