

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:  
401887008  
Date Received:  
12/27/2018

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
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: 689302655  
Inspection Date: 12/17/2018 FIR Submit Date: 12/17/2018 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: 335185

Location Name: JOLLEY 20-6-66S91W Number: 20SESE County: GARFIELD  
Qtrqr: SESE Sec: 20 Twp: 6S Range: 91W Meridian: 6  
Latitude: 39.509753 Longitude: -107.571282

FACILITY - API Number: 05-045-00 Facility ID: 289479

Facility Name: GGU JOLLEY Number: 44C-20-691  
Qtrqr: SESE Sec: 20 Twp: 6S Range: 91W Meridian: 6  
Latitude: 39.509753 Longitude: -107.571282

CORRECTIVE ACTIONS:

1  CA# 121123

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

Date: 04/17/2019

Response: CA COMPLETED Date of Completion: 12/18/2018

Locked out risers.

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: 12/27/2018 10:36:57 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401887008	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files