

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
<u>Ghan, Scott</u>	<u>970-744-8128</u>	<u>sghan@vnrenergy.com</u>
<u>Collett, Shane</u>		<u>scollett@vnrenergy.com</u>
<u>Aaron, Axelson</u>	<u>230-0926</u>	<u>aaxelson@vnrenergy.com</u>

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.

<u>Document Number</u>	<u>Description</u>
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401887008	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files