

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:
401953779
Date Received:
02/27/2019

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 689303238

Inspection Date: 02/13/2019

FIR Submit Date: 02/13/2019

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: 324130

Location Name: PORTER FEDERAL-66S92W Number: 28NESW County: GARFIELD

Qtrqtr: NESW Sec: 28 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.496622 Longitude: -107.674520

FACILITY - API Number: 05-045- -00 Facility ID: 258526

Facility Name: PORTER FEDERAL Number: 11-28

Qtrqtr: NESW Sec: 28 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.496622 Longitude: -107.674520

CORRECTIVE ACTIONS:

1 CA# 122494

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: 03/15/2019

Response: CA COMPLETED

Date of Completion: 02/14/2019

Mechanical condition of master valve is good! Valve operates properly and is greased twice a year. Cleaned

Operator
Comment: small amount of grease up on the wellhead. Photo attached.

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: 2/27/2019 2:38:33 PM

ATTACHMENT LIST

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

Document Number **Description**

401953790	Porter Federal 11-28 Wellhead
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Total Attach: 1 Files