

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

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