

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:
401960405
Date Received:
03/05/2019

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>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: 689303390

Inspection Date: 02/28/2019

FIR Submit Date: 02/28/2019

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: 323932

Location Name: LEGG-66S92W Number: 26NWNE County: GARFIELD

Qtrqtr: NWNE Sec: 26 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.503505 Longitude: -107.633358

FACILITY - API Number: 05-045-00 Facility ID: 211290

Facility Name: LEGG Number: 2-26-6-92

Qtrqtr: NWNE Sec: 26 Twp: 6S Range: 92W Meridian: 6

Latitude: 39.503505 Longitude: -107.633358

CORRECTIVE ACTIONS:

1 CA# 122811

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: 03/04/2019

Response: CA COMPLETED

Date of Completion: 03/02/2019

Tightened all flange bolts and cleaned flange.

Operator _____
Comment: _____

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: 3/5/2019 9:24:07 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