

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

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: 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: 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: 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**

401960405	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files