

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:
401961922
Date Received:
03/06/2019

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
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
<u>Ghan, Scott</u>	<u>970-744-8128</u>	<u>sghan@vnrenergy.com</u>
<u>Aaron, Axelson</u>	<u>230-0926</u>	<u>aaxelson@vnrenergy.com</u>
<u>Collett, Shane</u>		<u>scollett@vnrenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 689303400
Inspection Date: 03/01/2019 FIR Submit Date: 03/01/2019 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: 335441

Location Name: WILSON-66S92W Number: 23NWSE County: GARFIELD
Qtrqtr: NWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6
Latitude: 39.511820 Longitude: -107.629970

FACILITY - API Number: 05-045-00 Facility ID: 276318

Facility Name: WILSON Number: 43A-23-692
Qtrqtr: NWSE Sec: 23 Twp: 6S Range: 92W Meridian: 6
Latitude: 39.511820 Longitude: -107.629970

CORRECTIVE ACTIONS:

1 CA# 122834

Corrective Action: Comply with rule 603.f.
For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser

Date: 03/29/2019

Response: CA COMPLETED

Date of Completion: 03/02/2019

Operator Comment: Tagged risers on 3/2/2019 and removed risers on 3/5/2018.

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: 3/6/2019 8:30:56 AM

ATTACHMENT LIST

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

Document Number Description

401961922	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files