

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:

402134882

Date Received:

08/06/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96735
Name of Operator: WILLIFORD RESOURCES, L.L.C.
Address: 6506 S LEWIS AVE STE 102
City: TULSA State: OK Zip: 74136

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Labowskie, Steve		steve.labowskie@state.co.us
Stevens, Glenn	(970) 749-0192	glennstevens@centurylink.net
Callahan, Linda	(918) 712-8828	lcallahan3@swbell.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905153
Inspection Date: 07/15/2019 FIR Submit Date: 07/15/2019 FIR Status:

Inspected Operator Information:

Company Name: WILLIFORD RESOURCES, L.L.C. Company Number: 96735
Address: 6506 S LEWIS AVE STE 102
City: TULSA State: OK Zip: 74136

LOCATION - Location ID: 325589

Location Name: SCHMITT ESTATE-M34N12W Number: 36SWSE County: LA PLATA
Qtrqtr: SWSE Sec: 36 Twp: 34N Range: 12W Meridian: M
Latitude: 37.142219 Longitude: -108.098862

FACILITY - API Number: 05-067-00 Facility ID: 215051

Facility Name: SCHMITT ESTATE Number: 2-36
Qtrqtr: SWSE Sec: 36 Twp: 34N Range: 12W Meridian: M
Latitude: 37.142219 Longitude: -108.098862

CORRECTIVE ACTIONS:

1 CA# 127055

Corrective Action: Replace labels on tanks per Rule 210.d. Date: 08/15/2019

Response: CA COMPLETED Date of Completion: 07/20/2019

Operator Comment: Corrective action completed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 127056

Corrective Action: Date: 08/15/2019

Response: CA COMPLETED

Date of Completion: 08/01/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 127057

Corrective Action: Date: 08/15/2019

Response: CA COMPLETED

Date of Completion: 08/01/2019

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

4 CA# 127058

Corrective Action: Date: 07/25/2019

Response: CA COMPLETED

Date of Completion: 07/20/2019

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: Linda Callahan

Signed: _____

Title: Office Manager

Date: 8/6/2019 12:43:15 PM

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