

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:

402135363

Date Received:

08/06/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Callahan, Linda

(918) 712-8828

lcallahan3@swbell.net

Stevens, Glenn

(970) 749-0192

glennstevens@centurylink.net

Labowskie, Steve

steve.labowskie@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905187

Inspection Date: 07/16/2019

FIR Submit Date: 07/16/2019

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: 325151

Location Name: DYE-HARD-N33N12W Number: 13NWNW County: LA PLATA

Qtrqr: NWN Sec: 13 Twp: 33N Range: 12W Meridian: N

Latitude: 37.109238 Longitude: -108.109727

FACILITY - API Number: 05-067- -00 Facility ID: 214134

Facility Name: DYE-HARD Number: 1

Qtrqr: NWN Sec: 13 Twp: 33N Range: 12W Meridian: N

Latitude: 37.109238 Longitude: -108.109727

CORRECTIVE ACTIONS:

1 CA# 127148

Corrective Action: Control and contain spills/releases and clean up per Rule 906.a. Contact COGCC EPS staff.

Date: 08/16/2019

Response: CA COMPLETED

Date of Completion: 08/01/2019

Corrective action completed.

Operator
Comment:

COGCC Decision:

COGCC
Representative:

2 CA# 127149

Corrective Action: Control weeds per Rule 603.f.

Date: 07/26/2019

Response: CA COMPLETED

Date of Completion: 07/22/2019

Operator
Comment:

Corrective action completed.

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 12:49:27 PM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
------------------------	--------------------

--	--

Total Attach: 0 Files