

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:  
402135406

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

Stevens, Glenn

(970) 749-0192

glennstevens@centurylink.net

Callahan, Linda

(918) 712-8828

lcallahan3@swbell.net

Labowskie, Steve

steve.labowskie@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905189

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: 325553

Location Name: SPICKELMIER-N33N12W Number: 24NWNW County: LA PLATA

Qtrqr: NWN Sec: 24 Twp: 33N Range: 12W Meridian: N

Latitude: 37.094501 Longitude: -108.108570

FACILITY - API Number: 05-067- -00 Facility ID: 214989

Facility Name: SPICKELMIER Number: 1

Qtrqr: NWN Sec: 24 Twp: 33N Range: 12W Meridian: N

Latitude: 37.094501 Longitude: -108.108570

CORRECTIVE ACTIONS:

1 CA# 127152

Corrective Action: Install labels to comply with Rule 210.b.

Date: 08/16/2019

Response: CA COMPLETED

Date of Completion: 07/27/2019

Corrective Action completed.

Operator  
Comment:

COGCC Decision:

COGCC  
Representative:

2 CA# 127153

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

Operator  
Comment:

Corrective Action Completed

COGCC Decision:

COGCC  
Representative:

#### OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions completed.

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 12:56:41 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>
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Total Attach: 0 Files