

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
W
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
W
Latitude: 37.094501 Longitude: -108.108570

CORRECTIVE ACTIIONS:

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: Approved

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: Approved

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.

Document Number **Description**

402135406	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files