

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402134880

Date Received:
08/06/2019

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 687905157

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: 325648

Location Name: SPRING HOLLOW MAC- Number: 6NWSW County: LA PLATA
N33N11W

Qtrqtr: NWS Sec: 6 Twp: 33N Range: 11W Meridian: N
W

Latitude: 37.131371 Longitude: -108.090022

FACILITY - API Number: 05-067- -00 Facility ID: 215165

Facility Name: SPRING HOLLOW MAC Number: 3

Qtrqtr: NWS Sec: 6 Twp: 33N Range: 11W Meridian: N
W

Latitude: 37.131371 Longitude: -108.090022

CORRECTIVE ACTIONS:

1 CA# 127065

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

Date: 08/15/2019

Response: CA COMPLETED

Date of Completion: 08/06/2019

Operator
Comment: Corrective action completed.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 127066

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

Date: 08/15/2019

Response: CA COMPLETED

Date of Completion: 08/06/2019

Operator
Comment: Corrective action completed.

COGCC Decision: _____

COGCC
Representative: _____

3 CA# 127067

Corrective Action: Control weeds per Rule 603.f.

Date: 07/25/2019

Response: CA COMPLETED

Date of Completion: 08/06/2019

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 12:40:10 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