

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402134904
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: 687905154

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: 325651

Location Name: SCHMITT-M34N12W Number: 36NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 36 Twp: 34N Range: 12W Meridian: M

Latitude: 37.145882 Longitude: -108.099149

FACILITY - API Number: 05-067-00 Facility ID: 215170

Facility Name: SCHMITT Number: 3-36

Qtrqtr: NWSE Sec: 36 Twp: 34N Range: 12W Meridian: M

Latitude: 37.145882 Longitude: -108.099149

CORRECTIVE ACTIONS:

1 CA# 127059

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: 08/04/2019

Operator Comment: Corrective action complete.

COGCC Decision: _____

COGCC
Representative:

2 CA# 127060

Corrective Action: Control weeds Per Rule 603.f.

Date: 07/25/2019

Response: CA COMPLETED

Date of Completion: 07/21/2019

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 12:44:39 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