

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

402134911

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
Labowskie, Steve		steve.labowskie@state.co.us
Callahan, Linda	(918) 712-8828	lcallahan3@swbell.net
Stevens, Glenn	(970) 749-0192	glennstevens@centurylink.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905160
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: 325606

Location Name: ANGELINA-N33N12W Number: 1NESE County: LA PLATA
Qtrqr: NESE Sec: 1 Twp: 33N Range: 12W Meridian: N
Latitude: 37.131480 Longitude: -108.094402

FACILITY - API Number: 05-067-00 Facility ID: 215093

Facility Name: ANGELINA Number: 4
Qtrqr: NESE Sec: 1 Twp: 33N Range: 12W Meridian: N
Latitude: 37.131480 Longitude: -108.094402

CORRECTIVE ACTIIONS:

1 CA# 127073

Corrective Action: Control weeds per Rule 603.f. Date: 07/25/2019

Response: CA COMPLETED Date of Completion: 07/22/2019

Operator Comment: Corrective action completed.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 127074

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: 08/05/2019

Operator Comment: Corrective action completed.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 127075

Corrective Action: Install or repair required BMPs per Rule 1002.f.

Date: 08/15/2019

Response: CA COMPLETED

Date of Completion: 08/05/2019

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 12:47:53 PM

ATTACHMENT LIST

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

Document Number **Description**

Document Number	Description

Total Attach: 0 Files