

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:
402135377
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

Callahan, Linda

(918) 712-8828

lcallahan3@swbell.net

Labowskie, Steve

steve.labowskie@state.co.us

Stevens, Glenn

(970) 749-0192

glennstevens@centurylink.net

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905191

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: 326324

Location Name: MACEY-N33N12W Number: 23NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 23 Twp: 33N Range: 12W Meridian: N

Latitude: 37.087948 Longitude: -108.117512

FACILITY - API Number: 05-067-00 Facility ID: 216231

Facility Name: MACEY Number: 3

Qtrqtr: NWSE Sec: 23 Twp: 33N Range: 12W Meridian: N

Latitude: 37.087948 Longitude: -108.117512

CORRECTIVE ACTIONS:

1 CA# 127157

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: 08/03/2019

Operator Comment: Corrective action competed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 127158

Corrective Action: Control weeds around equipment per Rule 603.f.

Date: 07/26/2019

Response: CA COMPLETED

Date of Completion: 07/25/2019

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 12:51:49 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