

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:

402135383

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905188

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: 325967

Location Name: DYE HARD-N33N12W Number: 14SESE County: LA PLATA

Qtrqtr: SESE Sec: 14 Twp: 33N Range: 12W Meridian: N

Latitude: 37.098836 Longitude: -108.112839

FACILITY - API Number: 05-067- -00 Facility ID: 215648

Facility Name: DYE HARD Number: 8

Qtrqtr: SESE Sec: 14 Twp: 33N Range: 12W Meridian: N

Latitude: 37.098836 Longitude: -108.112839

CORRECTIVE ACTIONS:

1 CA# 127150

Corrective Action: Install labels to comply with Rule 210.d.

Date: 08/16/2019

Response: CA COMPLETED

Date of Completion: 07/30/2019

Operator Comment: Corrective action completed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 127151

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: 08/04/2019

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 12:53:38 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