

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402187158

Date Received:
09/24/2019

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>Stevens, Glenn</u>	<u>(970) 749-0192</u>	<u>glennstevens@centurylink.net</u>
<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>

COGCC INSPECTION SUMMARY:

FIR Document Number: 687905442
Inspection Date: 08/26/2019 FIR Submit Date: 08/27/2019 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: 325755

Location Name: FIELDS-M34N12W Number: 36SESE County: LA PLATA
Qtrqtr: SESE Sec: 36 Twp: 34N Range: 12W Meridian: M
Latitude: 37.142197 Longitude: -108.094507

FACILITY - API Number: 05-067-00 Facility ID: 215338

Facility Name: FIELDS Number: 1
Qtrqtr: SESE Sec: 36 Twp: 34N Range: 12W Meridian: M
Latitude: 37.142197 Longitude: -108.094507

CORRECTIVE ACTIIONS:

1 CA# 129702

Corrective Action: Remove stained soil and dispose of properly per Rule 1002.f. Date: 09/27/2019

Response: CA COMPLETED Date of Completion: 09/21/2019

Operator Comment: Stained soil was removed and disposed of properly per Rule 1002.f.

COGCC Decision: _____

COGCC Representative:

2 CA# 129703

Corrective Action: Remove stained soil per Rule 1002.f.

Date: 09/27/2019

Response: CA COMPLETED

Date of Completion: 09/21/2019

Operator Comment:

Stained soil was removed per Rule 1002.f.

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: 9/24/2019 1:06:46 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>

Total Attach: 0 Files