

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:
402740268

Date Received:
07/07/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

_General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903233

Inspection Date: 05/28/2021

FIR Submit Date: 06/02/2021

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 325535

Location Name: COUCH-M34N7W Number: 16NWNE County: LA PLATA

Qtrqtr: NWNE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.195725 Longitude: -107.609593

FACILITY - API Number: 05-067-00 Facility ID: 214962

Facility Name: COUCH Number: 01-16U 1

Qtrqtr: NWNE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.195725 Longitude: -107.609593

CORRECTIVE ACTIONS:

1 CA# 151640

Corrective Action: -Control weeds by 6/17/2021. Corrective action date is reduced as weeds are in a seeding condition at the time of the inspection and need immediate control. Operator needs to assess cover of desirable vegetation after weeds are control, as re-seeding will likely be needed.

Date: 06/17/2021

Response: CA COMPLETED

Date of Completion: 06/29/2021

Operator
Comment:

weeds treated 6.29.21

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: corrective action completed

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Karin Rhodes

Signed: _____

Title: admin asst

Date: 7/7/2021 1:32:57 PM

ATTACHMENT LIST

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

Document Number **Description**

402740277	weed treatment work completed
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Total Attach: 1 Files