

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:
402819850
Date Received:
09/22/2021

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: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

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: 693903401

Inspection Date: 07/13/2021

FIR Submit Date: 07/14/2021

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: 326109

Location Name: ELDRIDGE-N33N10W Number: 31NWNW County: LA PLATA

Qtrqtr: NWN Sec: 31 Twp: 33N Range: 10W Meridian: N
W

Latitude: 37.065955 Longitude: -107.980977

FACILITY - API Number: 05-067-00 Facility ID: 215882

Facility Name: ELDRIDGE Number: 31-01 #1

Qtrqtr: NWN Sec: 31 Twp: 33N Range: 10W Meridian: N
W

Latitude: 37.065955 Longitude: -107.980977

CORRECTIVE ACTIONS:

1 CA# 153762

Corrective Action: Remove and properly dispose of waste and debris.

Date: 08/05/2021

Response: CA COMPLETED

Date of Completion: 08/26/2021

Operator Comment:

Work Completed - debris removed

COGCC Decision: _____

COGCC Representative: _____

2 CA# 153763

Corrective Action: Culvert needs better reinforcement and stabilization, as well as sediment maintenance at the inlet to prevent overflow. Corrective ation date: 8/5/2021.

Date: 08/05/2021

Response: CA COMPLETED

Date of Completion: 09/17/2021

Operator Comment: work completed - see attached p hotos

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 9/22/2021 3:23:40 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>
402819862	work completed

Total Attach: 1 Files