

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:  
402852142

Date Received:  
10/25/2021

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: 693903690

Inspection Date: 09/16/2021

FIR Submit Date: 09/21/2021

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: 325599

Location Name: BAIRD GAS UNIT 18-1-N33N6W Number: 18SENE County: LA PLATA

Qtrqr: SENE Sec: 18 Twp: 33N Range: 6W Meridian: N

Latitude: 37.106912 Longitude: -107.536137

FACILITY - API Number: 05-067-00 Facility ID: 215074

Facility Name: BAIRD 18-01 Number: 2

Qtrqr: SENE Sec: 18 Twp: 33N Range: 6W Meridian: N

Latitude: 37.106912 Longitude: -107.536137

CORRECTIVE ACTIONS:

1 CA# 156014

Corrective Action: Continue treating and control weeds by 10/21/2021.

Date: 10/21/2021

Response: CA COMPLETED

Date of Completion: 09/27/2021

Operator  
Comment:

weeds treated 9/27/2021

COGCC Decision: \_\_\_\_\_

COGCC  
Representative: \_\_\_\_\_

**2** CA# 156015

Corrective Action: -Stormwater controls need to be installed to stabilize erosion within the project area by 10/21/2021.

Date: 10/21/2021

Response: CA COMPLETED

Date of Completion: 10/22/2021

Operator  
Comment: Completed- Repaired erosion channels, removed silt from location, and built diversion berms to direct water off pad. photos attached

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: 10/25/2021 1:35:02 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402852147	work completed
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Total Attach: 1 Files