

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:
402862038

Date Received:
11/04/2021

FIR RESOLUTION FORM

Overall Status:

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: 693903711

Inspection Date: 10/06/2021

FIR Submit Date: 10/07/2021

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: 326095

Location Name: THOMAS JACQUEZ GU B PLA-6-N33N10W Number: 15NESE County: LA PLATA

Qtrqr: NESE Sec: 15 Twp: 33N Range: 10W Meridian: N

Latitude: 37.100938 Longitude: -107.916367

FACILITY - API Number: 05-067-00 Facility ID: 215859

Facility Name: THOMAS JACQUEZ B Number: 1

Qtrqr: NESE Sec: 15 Twp: 33N Range: 10W Meridian: N

Latitude: 37.100938 Longitude: -107.916367

CORRECTIVE ACTIONS:

1 CA# 156569

Corrective Action: -Spot seeding needs to be applied in portions of the project area with poor revegetation by 11/7/2021.

Date: 11/07/2021

Response: CA COMPLETED

Date of Completion: 11/03/2021

Operator Comment: reseeded area of concern - see photos

COGCC Decision: _____

COGCC
Representative:

2 CA# 156570

Corrective Action: -Stormwater and erosion controls need to be installed to prevent erosion and sediment discharge within the project area by 11/7/2021.

Date: 11/07/2021

Response: CA COMPLETED

Date of Completion: 11/03/2021

Operator
Comment:

installed waddles on affected areas - see photos

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: 11/4/2021 9:06:37 AM

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>
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402862052	work completed at site
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Total Attach: 1 Files