

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:  
402862070

Date Received:  
11/04/2021

FIR RESOLUTION FORM

Overall Status:

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: 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: 693903715

Inspection Date: 10/06/2021

FIR Submit Date: 10/08/2021

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: 306817

Location Name: SOUTHERN UTE 15-3-  
N33N10W Number: 15NWSW County: LA PLATA

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

Latitude: 37.100640 Longitude: -107.926297

FACILITY - API Number: 05-067-00 Facility ID: 268620

Facility Name: SOUTHERN UTE 33-10; Number: 15-3

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

Latitude: 37.100640 Longitude: -107.926297

CORRECTIVE ACTIONS:

1 CA# 156573

Corrective Action: -Stabilize erosion within the project area. Stormwater controls need to be selected, sized, installed, and maintained according to good engineering practices. No corrective action date applied due to the duration of non-compliance. It is the expectation that corrective action be immediately addressed.

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 11/03/2021

cleaned out silt trap and opened throat. Filled in sink holes around rock runout and opened the throat of the run

Operator Comment: out. 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 9:13:49 AM

**ATTACHMENT LIST**

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

**Document Number      Description**

402862081	southernute 33-10 15-3 photos
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Total Attach: 1 Files