

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:

402863060

Date Received:

11/05/2021

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: 693903717

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: 307017

Location Name: SOUTHERN UTE 33-10; 21-01 Number: 21NENE County: LA PLATA  
-N33N10W

Qtrqtr: NENE Sec: 21 Twp: 33N Range: 10W Meridian: N

Latitude: 37.096297 Longitude: -107.933370

FACILITY - API Number: 05-067-00 Facility ID: 296170

Facility Name: SOUTHERN UTE 33-10; 21-1 Number: 2

Qtrqtr: NENE Sec: 21 Twp: 33N Range: 10W Meridian: N

Latitude: 37.096297 Longitude: -107.933370

CORRECTIVE ACTIONS:

1 CA# 156574

Corrective Action: -Stormwater controls need to be applied to stabilize erosion within the northwestern project area by 11/8/2021. Stormwater controls need to be selected, sized, installed, and maintained according to good engineering practices.

Date: 11/08/2021

Response: CA COMPLETED

Date of Completion: 11/04/2021

Operator  
Comment:

Filled in erosion channel and drain hole from silt trap. Also opened up the throat of the silt trap to allow water to escape

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: 11/5/2021 8:13:51 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402863061	work completed
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Total Attach: 1 Files