

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:  
402863152

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: 693903115

Inspection Date: 04/22/2021

FIR Submit Date: 04/29/2021

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: 326634

Location Name: THOMAS JACQUEZ GAS UNIT A-N33N10W Number: 14NESW County: LA PLATA

Qtrqtr: NESW Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.101926 Longitude: -107.906684

FACILITY - API Number: 05-067-00 Facility ID: 260470

Facility Name: THOMAS JACQUEZ A Number: 2

Qtrqtr: NESW Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.101926 Longitude: -107.906684

CORRECTIVE ACTIONS:

1 CA# 150371

Corrective Action: -Control weeds. Original corrective action date is 7/31/2017. Corrective action date is not applied here as it is the expectation that the weed infestation be addressed immediately. Multiple control methods beyond herbicide treatment (ie: mechanical) control are needed.

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

Response: CA COMPLETED Date of Completion: 10/13/2021

Operator Comment: first treatment 5.4.21, second treatment 10.13.21. will reinspect spring 2022

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA Completed

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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 9:31:18 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402863160	work completed 5.4.21
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Total Attach: 1 Files