

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:  
403003678

Date Received:  
04/04/2022

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

Fischer, Alex

[alex.fischer@state.co.us](mailto:alex.fischer@state.co.us)

Beebe, Sabre

970-769-9523

[sabre.beebe@ikavenergy.com](mailto:sabre.beebe@ikavenergy.com)

[sninspections@ikavenergy.com](mailto:sninspections@ikavenergy.com)

COGCC INSPECTION SUMMARY:

FIR Document Number: 688801100

Inspection Date: 03/14/2022

FIR Submit Date: 03/15/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: \_\_\_\_\_

Location Name: \_\_\_\_\_ Number: \_\_\_\_\_ County: \_\_\_\_\_

Qtrqr: SWSE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.097206 Longitude: -107.903260

FACILITY - API Number: 05-067-00 Facility ID: 481666

Facility Name: Thomas Jacquez A 1 Stem Valve Number: \_\_\_\_\_

Qtrqr: SWSE Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.097206 Longitude: -107.903260

CORRECTIVE ACTIONS:

1 CA# 160154

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a.

Date: 04/15/2022

Response: CA COMPLETED

Date of Completion: 04/04/2022

Operator Comment: Release was controlled immediately upon discovery. Analytical results from sampling submitted 4/4/22 doc# 403003153

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

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: All corrective actions 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: Sabre Beebe

Signed: \_\_\_\_\_

Title: environmental coordinator

Date: 4/4/2022 3:06:43 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 0 Files