

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:
403052326

Date Received:
05/17/2022

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

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903870

Inspection Date: 11/11/2021

FIR Submit Date: 11/15/2021

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: 326272

Location Name: RICHARDSON GU E-N35N8W Number: 35SWNW County: LA PLATA

Qtrqr: SWN Sec: 35 Twp: 35N Range: 8W Meridian: N

Latitude: 37.261501 Longitude: -107.719080

FACILITY - API Number: 05-067-00 Facility ID: 216147

Facility Name: RICHARDSON E Number: 1

Qtrqr: SWN Sec: 35 Twp: 35N Range: 8W Meridian: N

Latitude: 37.261501 Longitude: -107.719080

CORRECTIVE ACTIONS:

1 CA# 157880

Corrective Action: -Stormwater (ie: BMPs) and erosion controls (ie: erosion control blankets, hydromulch, etc.) need to be installed within the project area by 12/10/2021. Controls need to be selected, sized, installed, and maintained according to good engineering practices. Stormwater and erosion controls need to be maintained in place until location is stabilized with desirable perennial vegetation.

Date: 12/10/2021

Response: CA COMPLETED

Date of Completion: 03/31/2022

Hydroseed cut bank and re-establish drainage on west side of location to direct water to rock run out along road.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed. See attached Photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 5/17/2022 3:17:31 PM

ATTACHMENT LIST

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

Document Number **Description**

403052340	Richardson E1, 693903870, Completion Photos
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Total Attach: 1 Files