

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:
403154894

Date Received:
09/02/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Labowskie, Steve

steve.labowskie@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500321

Inspection Date: 08/22/2022

FIR Submit Date: 08/22/2022

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: 325501

Location Name: SHOEMAKER-N35N8W Number: 34NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N

Latitude: 37.255727 Longitude: -107.728732

FACILITY - API Number: 05-067-00 Facility ID: 214901

Facility Name: SHOEMAKER Number: 01-34 1

Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N

Latitude: 37.255727 Longitude: -107.728732

CORRECTIVE ACTIONS:

1 CA# 164015

Corrective Action: Remove debris or unused equipment per rule 606.

Date: 09/06/2022

Response: CA COMPLETED

Date of Completion: 08/30/2022

Operator Comment: Removed debris (PVC pipe) from location.

COGCC Decision:

| | | | |
|-----------------------|--|--|---------------------------------------|
| COGCC Representative: | | | |
| 2 | CA# 164016 | | |
| Corrective Action: | Repair/modify required BMPs per Rule 1002.f.(2)C | | Date: <u>09/06/2022</u> |
| Response: | CA COMPLETED | | Date of Completion: <u>08/30/2022</u> |
| Operator Comment: | Replaced old wattles with new ones and reset existing wattles that were in good condition. | | |
| COGCC Decision: | | | |
| COGCC Representative: | | | |

| | |
|---|-------------------------------------|
| OPERATOR COMMENT AND SUBMITTAL | |
| Comment: | CAs completed. See attached photos. |
| <p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Grace Bryson</u> Signed: _____</p> <p>Title: <u>Permitting Specialist I</u> Date: <u>9/2/2022 8:44:29 AM</u></p> | |

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|---|
| 403154905 | Shoemaker 01-34 1, CA Completion Photos |

Total Attach: 1 Files