

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:  
403181175

Date Received:  
09/28/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>_General</u>		<u>sjninspections@ikavenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500431

Inspection Date: 09/12/2022

FIR Submit Date: 09/12/2022

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: 326640

Location Name: MASON ARTHUR GAS UNIT Number: 20SESE County: LA PLATA  
B-M34N9W

Qtrqtr: SESE Sec: 20 Twp: 34N Range: 9W Meridian: M

Latitude: 37.172490 Longitude: -107.843041

FACILITY - API Number: 05-067- -00 Facility ID: 260765

Facility Name: ARTHUR MASON B Number: 2

Qtrqtr: SESE Sec: 20 Twp: 34N Range: 9W Meridian: M

Latitude: 37.172490 Longitude: -107.843041

CORRECTIVE ACTIONS:

1 CA# 164489

Corrective Action: Ensure within 25' of wellhead, tanks, and separators are free of combustible material per rule 610.k

Date: 09/21/2022

Response: CA COMPLETED

Date of Completion: 09/15/2022

Operator Comment: Removal of weeds around location.

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

COGCC  
Representative:

**2** CA# 164490

Corrective Action:

Date: 09/28/2022

Response: CA COMPLETED

Date of Completion: 09/15/2022

Operator  
Comment:

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

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Gabby Riley

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

Title: Permitting Specialist I

Date: 9/28/2022 3:37:33 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403181213	Arthur Mason B 2; CA Partial Completion Photos
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Total Attach: 1 Files