

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

Labowskie, Steve

steve.labowskie@state.co.us

_General

sjninspections@ikavenergy.com

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 B-M34N9W Number: 20SESE County: LA PLATA

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: Remove impacted material and dispose of in approved manner per rule 906 and 1002.f.

Date: 09/28/2022

Response: CA COMPLETED

Date of Completion: 09/15/2022

Operator
Comment:

Impacted soil has been removed.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Partially Complete; See attached completion photos.

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.

<u>Document Number</u>	<u>Description</u>
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403181213	Arthur Mason B 2; CA Partial Completion Photos
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Total Attach: 1 Files