

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:
403181219

Date Received:
09/28/2022

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
<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: 702500409

Inspection Date: 09/07/2022

FIR Submit Date: 09/07/2022

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: 326634

Location Name: THOMAS JACQUEZ GAS UNIT A-N33N10W Number: 14NESW County: LA PLATA

Qtrqtr: NESW Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.101926 Longitude: -107.906684

FACILITY - API Number: 05-067- -00 Facility ID: 260470

Facility Name: THOMAS JACQUEZ A Number: 2

Qtrqtr: NESW Sec: 14 Twp: 33N Range: 10W Meridian: N

Latitude: 37.101926 Longitude: -107.906684

CORRECTIVE ACTIONS:

1 CA# 164419

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 09/23/2022

Response: CA COMPLETED

Date of Completion: 09/21/2022

Operator Comment: Rig anchors corrected.

COGCC Decision: _____

COGCC
Representative:

2 CA# 164420

Corrective Action: Control weeds per rule 606.

Date: 09/15/2022

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

Response: CA COMPLETED

Date of Completion: 09/21/2022

Operator Comment: Removed weeds on access road and around tank.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed; 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 3:50:38 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>
403181232	Thomas Jacquez A 2; CA Completion Photos

Total Attach: 1 Files