

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
403525646

Date Received:  
09/11/2023

**FIR RESOLUTION FORM**

Overall Status: CAC

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

Labowskie, Steve

steve.labowskie@state.co.us

.General

sjninspections@ikavenergy.com

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 712700603

Inspection Date: 08/30/2023

FIR Submit Date: 08/30/2023

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: 333767

Location Name: MCCAW 34-15-M34N8W Number: 15NWSW County: LA PLATA

Qtrqtr: NWS Sec: 15 Twp: 34N Range: 8W Meridian: M  
W

Latitude: 37.187774 Longitude: -107.712942

**FACILITY** - API Number: 05-067- -00 Facility ID: 273108

Facility Name: MCCAW 34-15 Number: 2

Qtrqtr: NWS Sec: 15 Twp: 34N Range: 8W Meridian: M  
W

Latitude: 37.187774 Longitude: -107.712942

**CORRECTIVE ACTIONS:**

1  CA# 180204

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 09/30/2023

Response: CA COMPLETED

Date of Completion: 09/08/2023

Operator Comment: Meter tube inspection and calibration is valid (last calibration completed on 12/13/2022) and not overdue. IKAV has discussed with ECOM Compliance Supervisor regarding inspections received.

COGCC Decision: Approved

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA complete. 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: 9/11/2023 11:03:20 AM

**ATTACHMENT LIST**

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

<b>Document Number</b>	<b>Description</b>
403525646	FIR RESOLUTION SUBMITTED
403525653	McCaw 34-15 25 & 4, CA Complete

Total Attach: 2 Files