

State of Colorado  
Energy & Carbon Management Commission



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Document Number:  
403625388

Date Received:  
12/14/2023

## 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

[sninspections@ikavenergy.com](mailto:sninspections@ikavenergy.com)

### COGCC INSPECTION SUMMARY:

FIR Document Number: 714000172

Inspection Date: 11/30/2023

FIR Submit Date: 12/04/2023

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: 334192

Location Name: LINDER-SLATIN GAS UNIT A-M34N9W Number: 10SWSW County: \_\_\_\_\_

Qtrqtr: SWS Sec: 10 Twp: 34N Range: 9W Meridian: M

Latitude: 37.201219 Longitude: -107.817530

#### FACILITY - API Number: 05-067-00 Facility ID: 334192

Facility Name: LINDER-SLATIN GAS UNIT A-M34N9W Number: 10SWSW

Qtrqtr: SWS Sec: 10 Twp: 34N Range: 9W Meridian: M

Latitude: 37.201219 Longitude: -107.817530

### CORRECTIVE ACTIONS:

1 CA# 188844

Corrective Action: Comply with rule 606, Remove and properly dispose of debris.

Date: 11/30/2023

Response: CA COMPLETED

Date of Completion: 12/08/2023

Operator Comment: Removed pile of gravel from location.

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

COGCC  
Representative:

**2** CA# 188845

Corrective Action: Comply with rule 1003 f.

Date: 11/30/2023

Response: CA COMPLETED

Date of Completion: 12/08/2023

Operator  
Comment:

Weeds, including musk thistle, were removed from location.

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

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: 12/14/2023 3:37:04 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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403625731	Linder-Slatin A2&A4, CA complete photos
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Total Attach: 1 Files