

State of Colorado
Energy & Carbon Management Commission



Document Number:
403590443

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

Date Received:
11/09/2023

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

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 714000066

Inspection Date: 10/26/2023

FIR Submit Date: 10/30/2023

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: 326263

Location Name: ANNALA FEDERAL GAS UNIT Number: 15NENW County: _____
A-M34N8W

Qtrqtr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N

Latitude: 37.219660 Longitude: -107.733410

FACILITY - API Number: 05-067-00 Facility ID: 326263

Facility Name: ANNALA FEDERAL GAS UNIT Number: 15NENW
A-M34N8W

Qtrqtr: NENW Sec: 15 Twp: 34N Range: 8W Meridian: N

Latitude: 37.219660 Longitude: -107.733410

CORRECTIVE ACTIONS:

1 CA# 187312

Corrective Action: Additional stormwater BMPs need to be installed in the southwestern project area.

Date: 10/26/2023

Response: CA COMPLETED

Date of Completion: 11/08/2023

Operator Comment: Repaired erosion channels and added wattles.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending re-inspection of this FIR resolution acknowledges the document was received. It is not an acknowledgement that the corrective action has been passed. A field inspection will be conducted at a future date to evaluate compliance with ECMC rules.

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: 11/9/2023 7:41:20 AM

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> |
|------------------------|-------------------------------------|
| 403590443 | FIR RESOLUTION SUBMITTED |
| 403590448 | Annala Fed A1; CA Completion Photos |

Total Attach: 2 Files