

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:

403716156

Date Received:

03/12/2024

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

. General

sninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 714000378

Inspection Date: 01/30/2024

FIR Submit Date: 02/05/2024

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: 334280

Location Name: STATE GAS COM "CD"-M34N7W Number: 17NWSE County: _____

Qtrqr: NWSE Sec: 17 Twp: 34N Range: 7W Meridian: M

Latitude: 37.188317 Longitude: -107.631291

FACILITY - API Number: 05-067- -00 Facility ID: 334280

Facility Name: STATE GAS COM "CD"-M34N7W Number: 17NWSE

Qtrqr: NWSE Sec: 17 Twp: 34N Range: 7W Meridian: M

Latitude: 37.188317 Longitude: -107.631291

CORRECTIVE ACTIONS:

2 CA# 191721

Corrective Action: Stained material CA has only been partially addressed been addressed and remains applicable. Comply with rule 1002.

Date: 02/05/2024

Response: CA COMPLETED

Date of Completion: 03/07/2024

Operator
Comment:

Impacted materials removed and cleaned.

COGCC Decision: _____

COGCC
Representative:

3 CA# 191722

Corrective Action: Comply with rule 1003.

Date: 02/12/2024

Response: CA COMPLETED

Date of Completion: 03/07/2024

Operator
Comment:

Weeds removed from location.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Partial CA completed for weeds and stain. 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: 3/12/2024 11:20:48 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>
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403716159	State CD 1&3; Partial CA completion photos
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Total Attach: 1 Files