

State of Colorado Energy & Carbon Management Commission



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Document Number:
403716196

Date Received:
03/12/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 714000377

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: 333472

Location Name: COUCH GAS UNIT 01-16U-M34N7W Number: 16NWSE County: _____

Qtrqr: NWSE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.190311 Longitude: -107.610957

FACILITY - API Number: 05-067-00 Facility ID: 333472

Facility Name: COUCH GAS UNIT 01-16U-M34N7W Number: 16NWSE

Qtrqr: NWSE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.190311 Longitude: -107.610957

CORRECTIVE ACTIONS:

1 CA# 191717

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

Date: 02/12/2024

Response: CA COMPLETED

Date of Completion: 03/08/2024

Operator Comment:

Weeds and debris removed.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 191718

Corrective Action: Comply with rule 606. Date: 02/20/2024

Response: CA COMPLETED Date of Completion: 03/08/2024

Operator Comment: Unused equipment removed.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 191719

Corrective Action: Original CA has not been addressed and remains applicable. Comply with rule 1002f. Date: 02/05/2024

Response: CA COMPLETED Date of Completion: 03/08/2024

Operator Comment: BMPs repaired and installed.

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: 3/12/2024 11:38:52 AM

ATTACHMENT LIST

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

Document Number	Description
403716203	Couch 01-16U 2, 3 & 4; CA completion photos

Total Attach: 1 Files