

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:

403715705

Date Received:

03/12/2024

## 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: 714000277

Inspection Date: 12/28/2023

FIR Submit Date: 01/08/2024

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: 325798

Location Name: SALLY JO LORETT GAS UT Number: 9SENW County: \_\_\_\_\_  
A-M34N8W

Qtrqtr: SENW Sec: 9 Twp: 34N Range: 8W Meridian: M

Latitude: 37.208907 Longitude: -107.726185

### FACILITY - API Number: 05-067- -00 Facility ID: 325798

Facility Name: SALLY JO LORETT GAS UT Number: 9SENW  
A-M34N8W

Qtrqtr: SENW Sec: 9 Twp: 34N Range: 8W Meridian: M

Latitude: 37.208907 Longitude: -107.726185

### CORRECTIVE ACTIONS:

1 ☒ CA# 189901

Corrective Action: Comply with Rule 1002.f, Install or repair storm water BMPs.

Date: 12/28/2023

Response: CA COMPLETED

Date of Completion: 03/06/2024

Operator  
Comment: Installed and repaired BMPs.

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 standards.
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**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 7:55:08 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>
403715705	FIR RESOLUTION SUBMITTED
403715707	Sally Jo Lorette A1; CA completion photo

Total Attach: 2 Files