

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:
403720396

Date Received:
03/14/2024

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: 714000492

Inspection Date: 02/29/2024

FIR Submit Date: 03/04/2024

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: 326090

Location Name: ELMER DUNKEL GAS UNIT Number: 12NWSE County: _____
A-N33N10W

Qtrqr: NWSE Sec: 12 Twp: 33N Range: 10W Meridian: N

Latitude: 37.116608 Longitude: -107.881278

FACILITY - API Number: 05-067-00 Facility ID: 326090

Facility Name: ELMER DUNKEL GAS UNIT Number: 12NWSE
A-N33N10W

Qtrqr: NWSE Sec: 12 Twp: 33N Range: 10W Meridian: N

Latitude: 37.116608 Longitude: -107.881278

CORRECTIVE ACTIONS:

1 CA# 192638

Corrective Action: Comply with rule 606.

Date: 04/03/2024

Response: CA COMPLETED

Date of Completion: 03/12/2024

Operator Comment: Unused equipment removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 192639

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

Date: _____

Response: CA COMPLETED

Date of Completion: 03/12/2024

Operator
Comment: Debris removed from location.

COGCC Decision: _____

COGCC
Representative:

3 CA# 192640

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: 03/09/2024

Response: CA COMPLETED

Date of Completion: 03/12/2024

Operator
Comment: Impacted surface material cleaned and removed.

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: 3/14/2024 5:42:37 PM

ATTACHMENT LIST

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

Document Number **Description**

403720406	Elmer Dunkle A1; CA completion photos
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Total Attach: 1 Files