

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:  
403734628

Date Received:  
03/28/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 714000408

Inspection Date: 02/13/2024

FIR Submit Date: 02/14/2024

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: 326349

Location Name: LAMKE GAS UNIT A-M34N8W Number: 27NENW County: \_\_\_\_\_

Qtrqtr: NENW Sec: 27 Twp: 34N Range: 8W Meridian: M

Latitude: 37.166408 Longitude: -107.708144

FACILITY - API Number: 05-067-00 Facility ID: 326349

Facility Name: LAMKE GAS UNIT A-M34N8W Number: 27NENW

Qtrqtr: NENW Sec: 27 Twp: 34N Range: 8W Meridian: M

Latitude: 37.166408 Longitude: -107.708144

CORRECTIVE ACTIONS:

1 CA# 192035

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

Date: 02/21/2024

Response: CA COMPLETED

Date of Completion: 03/26/2024

Operator  
Comment:

Weeds removed.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 192036

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

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 03/26/2024

Operator  
Comment:

Well head cleaned up and 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: 3/28/2024 11:02:10 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>
403734634	Lamke A1 & A3; CA completion photos

Total Attach: 1 Files