

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:
403728969

Date Received:
03/22/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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: 714000439

Inspection Date: 02/16/2024

FIR Submit Date: 02/20/2024

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: 325427

Location Name: NELEIGH-N34N7W Number: 7NESW County: _____

Qtrqr: NESW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.227137 Longitude: -107.680403

FACILITY - API Number: 05-067-00

Facility ID: 325427

Facility Name: NELEIGH-N34N7W Number: 7NESW

Qtrqr: NESW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.227137 Longitude: -107.680403

CORRECTIVE ACTIONS:

2 CA# 192236

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

Date: 02/22/2024

Response: CA COMPLETED

Date of Completion: 03/21/2024

Operator
Comment:

Installed and repaired BMPs.

COGCC Decision: Approved pending re-inspection

Approved pending re-inspection of this FIR resolution acknowledges the document was received. It is not an

COGCC Representative: acknowledgement that the corrective action has been passed. A field inspection will be conducted at a future date to evaluate compliance with ECMC standards

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: 3/22/2024 2:57:01 PM

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>
403728969	FIR RESOLUTION SUBMITTED
403728987	Neleigh 01-07 1; CA completion photos

Total Attach: 2 Files