

State of Colorado  
Energy & Carbon Management Commission



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Document Number:

403741410

Date Received:

04/03/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

2 of 3 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: 714000411

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: 333970

Location Name: BLACK GAS UNIT 21-22-M34N8W Number: 22SENE County: \_\_\_\_\_

Qtrqr: SENE Sec: 22 Twp: 34N Range: 8W Meridian: M

Latitude: 37.179521 Longitude: -107.699574

### FACILITY - API Number: 05-067- -00 Facility ID: 333970

Facility Name: BLACK GAS UNIT 21-22-M34N8W Number: 22SENE

Qtrqr: SENE Sec: 22 Twp: 34N Range: 8W Meridian: M

Latitude: 37.179521 Longitude: -107.699574

### CORRECTIVE ACTIONS:

2 CA# 192043

Corrective Action: Comply with rule 606.

Date: 02/29/2024

Response: CA COMPLETED

Date of Completion: 03/29/2024

Operator Comment: Unused equipment removed.

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

COGCC Representative:			
3	CA# 192044		
Corrective Action:	Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002		Date: <u>02/19/2024</u>
Response:	CA COMPLETED		Date of Completion: <u>03/29/2024</u>
Operator Comment:	Wellhead cleaned up and impacted surface material removed.		
COGCC Decision:			
COGCC Representative:			

<b>OPERATOR COMMENT AND SUBMITTAL</b>	
Comment:	Partial 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: <u>Gabby Riley</u>	Signed: _____
Title: <u>Permitting Specialist I</u>	Date: <u>4/3/2024 12:58:25 PM</u>

### 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>
403741418	Black 21-22 2&4; Partial CA completion photos

Total Attach: 1 Files