

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:

403741457

Date Received:

04/03/2024

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: 714000238

Inspection Date: 12/15/2023

FIR Submit Date: 12/28/2023

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: 312036

Location Name: BELLINO GAS UNIT-M34N8W Number: 30NWNW County: _____

Qtrqr: NWN Sec: 30 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.168362 Longitude: -107.765024

FACILITY - API Number: 05-067- -00 Facility ID: 312036

Facility Name: BELLINO GAS UNIT-M34N8W Number: 30NWNW

Qtrqr: NWN Sec: 30 Twp: 34N Range: 8W Meridian: M
W

Latitude: 37.168362 Longitude: -107.765024

CORRECTIVE ACTIONS:

2 ☒ CA# 189642

Corrective Action: Comply with rule 1003 f.

Date: 12/15/2023

Response: CA COMPLETED

Date of Completion: 04/01/2024

Operator Comment: Weeds removed from location.

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: Partial CA completed for weeds. 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: 4/3/2024 1:18:18 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>
403741457	FIR RESOLUTION SUBMITTED
403741475	Bellino 1&3; Partial CA completion photos

Total Attach: 2 Files