

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:

403744633

Date Received:

04/05/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000427

Inspection Date: 02/13/2024

FIR Submit Date: 02/15/2024

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: 333449

Location Name: NEIL GAS UNIT 34-13-M34N8W Number: 13NESW County: _____

Qtrqr: NESW Sec: 13 Twp: 34N Range: 8W Meridian: M

Latitude: 37.188167 Longitude: -107.671815

FACILITY - API Number: 05-067-00 Facility ID: 333449

Facility Name: NEIL GAS UNIT 34-13-M34N8W Number: 13NESW

Qtrqr: NESW Sec: 13 Twp: 34N Range: 8W Meridian: M

Latitude: 37.188167 Longitude: -107.671815

CORRECTIVE ACTIONS:

1 ☒ CA# 192066

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

Date: 03/16/2024

Response: CA COMPLETED

Date of Completion: 04/04/2024

Operator Comment: Weeds and debris removed.

ECMC Decision: Approved pending re-inspection

ECMC 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: 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: 4/5/2024 11:16:56 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
403744633	FIR RESOLUTION SUBMITTED
403744655	Neil 34-13 2& 4; CA completion photos

Total Attach: 2 Files