

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:
403237031

Date Received:
11/22/2022

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

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

Labowskie, Steve

steve.labowskie@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 702500597

Inspection Date: 10/07/2022

FIR Submit Date: 10/12/2022

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: 326049

Location Name: MCCAW GAS UNIT "C"- M34N8W Number: 28SENW County: LA PLATA

Qtrqr: SENW Sec: 28 Twp: 34N Range: 8W Meridian: M

Latitude: 37.165069 Longitude: -107.726951

FACILITY - API Number: 05-067-00 Facility ID: 215768

Facility Name: MCCAW C Number: 1

Qtrqr: SENW Sec: 28 Twp: 34N Range: 8W Meridian: M

Latitude: 37.165069 Longitude: -107.726951

CORRECTIVE ACTIONS:

1 CA# 165250

Corrective Action: Remove trash per rule 606.

Date: 10/20/2022

Response: CA COMPLETED

Date of Completion: 11/18/2022

Operator Comment: Picked up trash on location.

ECMC Decision: _____

ECMC
Representative:

2 CA# 165251

Corrective Action: All unused equipment must be returned to use or stored off location per rule 606.

Date: 10/20/2022

Response: CA COMPLETED

Date of Completion: 11/18/2022

Operator
Comment:

Removed unused equipment and stained soil from around wellhead.

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA complete. See attached photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 11/22/2022 9:04:46 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>
403237031	FIR RESOLUTION SUBMITTED
403237048	McCaw C1, CA Completion Photos

Total Attach: 2 Files