

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:
403794119

Date Received:
05/16/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
5 of 5 CAs from the FIR responded to on this Form
5 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
<u>.General</u>		<u>sjninspections@ikavenergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300700
Inspection Date: 01/30/2024 FIR Submit Date: 02/01/2024 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: 312083

Location Name: Tiffany Number: 5 County: LA PLATA
Qtrqtr: SWSE Sec: 20 Twp: 33N Range: 6W Meridian: N
Latitude: 37.084393 Longitude: -107.520142

FACILITY - API Number: 05-067- -00 Facility ID: 458385

Facility Name: Tiffany Number: 5-3
Qtrqtr: SWSE Sec: 20 Twp: 33N Range: 6W Meridian: N
Latitude: 37.084393 Longitude: -107.520142

CORRECTIVE ACTIONS:

1 CA# 191597

Corrective Action: Ensure meters have been calibrated within last year and display record in conspicuous place Date: 03/01/2024

Response: CA COMPLETED Date of Completion: 05/13/2024

Operator Comment: Calibration record located on location. (see photo)

ECMC Decision: _____

ECMC
Representative:

2 CA# 191598

Corrective Action:

Date: 02/15/2024

Response: CA COMPLETED

Date of Completion: 05/13/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 191599

Corrective Action:

Date: 01/31/2024

Response: CA COMPLETED

Date of Completion: 05/13/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

4 CA# 191600

Corrective Action:

Date: _____

Response: CA COMPLETED

Date of Completion: 05/13/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

5 CA# 191601

Corrective Action:

Date: 02/15/2024

Response: CA COMPLETED

Date of Completion: 05/13/2024

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

CAs 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: 5/16/2024 3:24:41 PM

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>
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403794133	Tiffany 5-2;5-3; CA completion photos
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Total Attach: 1 Files