

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403833140

Date Received:
06/24/2024

FIR RESOLUTION FORM

Overall Status:

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
<u>General</u>		<u>sjninspections@ikavenergy.com</u>
<u>Schlagenhauf, Mark</u>		<u>mark.schlagenhauf@state.co.us</u>
<u>Adamczyk, Megan</u>		<u>megan.adamczyk@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300736
Inspection Date: 05/28/2024 FIR Submit Date: 05/31/2024 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: 325501

Location Name: SHOEMAKER-N35N8W Number: 34NWSE County: LA PLATA
Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N
Latitude: 37.255727 Longitude: -107.728732

FACILITY - API Number: 05-067-00 Facility ID: 214901

Facility Name: SHOEMAKER Number: 01-34 1
Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N
Latitude: 37.255727 Longitude: -107.728732

CORRECTIVE ACTIONS:

1 CA# 195520

Corrective Action: Submit Form 22 detailing cause and resolution of conditions that required emergency response and related actions on 1/15/24 per Rule 602.g and 602.h

Date:

Submit Grade 1 gas leak via Forms 19 and 44 if applicable per Rule 613

Response: CA COMPLETED

Date of Completion: 06/13/2024

Form 22 submitted through eForms. Attached is the Form 22 as well and photos of the location.

Operator
Comment:

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA complete. Form 22 submitted and attached.

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: 6/24/2024 11:54:42 AM

ATTACHMENT LIST

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

Document Number **Description**

403833468

Shoemaker, Form 22

Total Attach: 1 Files