

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:
403860565

Date Received:
07/22/2024

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: 714000790

Inspection Date: 05/24/2024

FIR Submit Date: 05/28/2024

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 325941

Location Name: LITTON FEDERAL GAS UNIT-N35N7W Number: 18NESE County: _____

Qtrqr: NESE Sec: 18 Twp: 35N Range: 7W Meridian: N

Latitude: 37.299226 Longitude: -107.671904

FACILITY - API Number: 05-067-00 Facility ID: 325941

Facility Name: LITTON FEDERAL GAS UNIT-N35N7W Number: 18NESE

Qtrqr: NESE Sec: 18 Twp: 35N Range: 7W Meridian: N

Latitude: 37.299226 Longitude: -107.671904

CORRECTIVE ACTIONS:

1 CA# 195434

Corrective Action: comply with rule 1004.e, treat/remove weeds.

Date: 06/04/2024

Response: CA COMPLETED

Date of Completion: 07/18/2024

Operator Comment: Mechanical removal of weeds

ECMC Decision: Approved pending re-inspection

ECMC Representative: Approved pending re-inspection. Based on photo documentation provided, work to address the corrective action appears to have been performed. A field inspection will be conducted at a future date to evaluate compliance with ECMC rules.

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action 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: 7/22/2024 8:15:32 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>
403860565	FIR RESOLUTION SUBMITTED
403860568	Litton Federal 1_CA photos

Total Attach: 2 Files