

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:

403870260

Date Received:

07/30/2024

## 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: 714000187

Inspection Date: 12/05/2023

FIR Submit Date: 12/07/2023

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: 326615

Location Name: MASON, ARTHUR GAS UNIT Number: 20NWSW County: \_\_\_\_\_  
A-M34N9W

Qtrqtr: NWS Sec: 20 Twp: 34N Range: 9W Meridian: M  
W

Latitude: 37.176397 Longitude: -107.855138

### FACILITY - API Number: 05-067- -00 Facility ID: 326615

Facility Name: MASON, ARTHUR GAS UNIT Number: 20NWSW  
A-M34N9W

Qtrqtr: NWS Sec: 20 Twp: 34N Range: 9W Meridian: M  
W

Latitude: 37.176397 Longitude: -107.855138

### CORRECTIVE ACTIONS:

1 ☒ CA# 188990

Corrective Action: Comply with rule 606a, Remove and properly store unused equipment.

Date: 12/07/2023

Response: CA COMPLETED

Date of Completion: 07/30/2024

Operator  
Comment: Landowner equipment removed.

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 Actions completed. 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: 7/30/2024 9:43:56 AM

**ATTACHMENT LIST**

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

| <b><u>Document Number</u></b> | <b><u>Description</u></b> |
|-------------------------------|---------------------------|
| 403870260                     | FIR RESOLUTION SUBMITTED  |
| 403870264                     | ArthurMasonA2A4_CAphotos  |

Total Attach: 2 Files