

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

08/30/2024

Submitted Date:

09/03/2024

Document Number:

715200865

**FIELD INSPECTION FORM**

Loc ID 334002 Inspector Name: Welsh, Brian On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**

ECMC Operator Number: 10749  
Name of Operator: SIMCOE LLC  
Address: 1199 MAIN AVE SUITE 101  
City: DURANGO State: CO Zip: 81301

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

4 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
, General	970-749-4139	sjninspections@ikavenergy.com	All SW Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
301148	WELL	PR	08/01/2017	CBM	067-09693	SPARKS B 2	PR

**General Comment:**

SE Compliance Specialist Brian Welsh conducted a routine field inspection of the wellhead

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>				
Type	Area	Volume		
WELLHEAD				
Comment:	Metal panels around wellhead and control panel			
Corrective Action:				Date: _____

<b>Venting:</b>				
Yes/No	Area	Volume		
Comment:				
Corrective Action:				Date: _____

<b>Flaring:</b>				
Type	Area	Volume		
Comment:				
Corrective Action:				Date: _____

**Inspected Facilities**

Facility ID: 301148 Type: WELL API Number: 067-09693 Status: PR Insp. Status: PR

**Producing Well**

Comment: Well is PR at time of inspection

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 05/15/2024 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 3 Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: 0

Comment:

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12