

State of Colorado Energy & Carbon Management Commission



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Document Number:
403944212

Date Received:
10/03/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 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: 693904241
Inspection Date: 02/18/2022 FIR Submit Date: 02/22/2022 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: 334177

Location Name: NEIL GAS UNIT 34-13-M34N8W Number: 13SWSE County: LA PLATA
Qtrqr: SWSE Sec: 13 Twp: 34N Range: 8W Meridian: M
Latitude: 37.186760 Longitude: -107.665830

FACILITY - API Number: 05-067-00 Facility ID: 285294

Facility Name: NEIL 34-13 Number: 3
Qtrqr: SWSE Sec: 13 Twp: 34N Range: 8W Meridian: M
Latitude: 37.186760 Longitude: -107.665830

CORRECTIVE ACTIONS:

1 CA# 159805
Corrective Action: -Remove and properly dispose of wire debris within the western project area by 3/30/2022. Date: 03/30/2022
Response: CA COMPLETED Date of Completion: 10/01/2024
Operator Comment: Debris and gravel piles removed from western edge of location.
ECMC Decision:

ECMC
Representative:

2 CA# 159806

Corrective Action: -Revegetation and erosion controls need to be applied to stabilize soil piles within the western project area by 5/1/2022. Corrective action is extended to accomodate winter conditions and for seeding timing.

Date: 05/01/2022

Response: CA COMPLETED

Date of Completion: 10/01/2024

Operator
Comment: Piles no longer on location.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 10/3/2024 9:19:45 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> |
|------------------------|----------------------------|
| 403944265 | Neil 34-13 1 & 3 CA Photos |

Total Attach: 1 Files