

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:

404000128

Date Received:

11/19/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 714001378

Inspection Date: 10/22/2024

FIR Submit Date: 10/23/2024

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: 307021

Location Name: BONDAD UTE 01-36- Number: 36SWNW County: _____
N33N10W

Qtrqtr: SWN Sec: 36 Twp: 33N Range: 10W Meridian: N
W

Latitude: 37.060775 Longitude: -107.893579

FACILITY - API Number: 05-067- -00 Facility ID: 307021

Facility Name: BONDAD UTE 01-36- Number: 36SWNW
N33N10W

Qtrqtr: SWN Sec: 36 Twp: 33N Range: 10W Meridian: N
W

Latitude: 37.060775 Longitude: -107.893579

CORRECTIVE ACTIONS:

1 CA# 199985

Corrective Action: Update signs per rule 605a.

Date: 12/23/2024

Response: CA COMPLETED

Date of Completion: 11/19/2024

Operator Comment: Sign has been updated

ECMC Decision: _____

ECMC
Representative:

2 CA# 199986

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

Date: 10/30/2024

Response: CA COMPLETED

Date of Completion: 11/19/2024

Operator
Comment:

Weeds have been removed.

ECMC Decision: _____

ECMC
Representative:

3 CA# 199987

Corrective Action: CA: Comply with rule 1002f. Install or repair required BMPs.

Date: 10/30/2024

Response: CA COMPLETED

Date of Completion: 11/19/2024

Operator
Comment:

Erosion mitigation installed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions completed. See attachment for 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: 11/19/2024 4:20:54 PM

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>
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404000128	FIR RESOLUTION SUBMITTED
404000134	Bondad Ute 01-36 2 CA photos

Total Attach: 2 Files