

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:
404000959

Date Received:
11/20/2024

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: 714001420

Inspection Date: 10/28/2024

FIR Submit Date: 11/04/2024

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: 333539

Location Name: MOFFETT GAS UNIT-N33N7W Number: 34SWNW County: _____

Qtrqtr: SWN Sec: 34 Twp: 33N Range: 7W Meridian: N
W

Latitude: 37.063090 Longitude: -107.601630

FACILITY - API Number: 05-067- -00 Facility ID: 333539

Facility Name: MOFFETT GAS UNIT-N33N7W Number: 34SWNW

Qtrqtr: SWN Sec: 34 Twp: 33N Range: 7W Meridian: N
W

Latitude: 37.063090 Longitude: -107.601630

CORRECTIVE ACTIONS:

1 CA# 200246

Corrective Action: Maintain berms per rule 603.

Date: 12/04/2024

Response: CA COMPLETED

Date of Completion: 11/14/2024

Operator Comment: New containment ring installed around pit.

ECMC Decision: _____

ECMC
Representative:

2 CA# 200247

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

Date: 11/11/2024

Response: CA COMPLETED

Date of Completion: 11/14/2024

Operator
Comment:

Weeds removed.

ECMC Decision: _____

ECMC
Representative:

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: 11/20/2024 12:02:54 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> |
|-------------------------------|----------------------------------|
| 404000959 | FIR RESOLUTION SUBMITTED |
| 404000965 | MoffettB1_CorrectiveActionPhotos |

Total Attach: 2 Files