

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:
404037856

Date Received:
12/22/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
 2 of 3 CAs from the FIR responded to on this Form
 2 CA Completed
 0 Factual Review Request

OPERATOR INFORMATION

| | |
|---|---------------------------------|
| ECMC Operator Number: <u>10749</u> | Contact Name and Telephone: |
| Name of Operator: <u>SIMCOE LLC</u> | Name: _____ |
| Address: <u>1199 MAIN AVE SUITE 101</u> | Phone: () _____ Fax: () _____ |
| City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u> | Email: _____ |

Additional Operator Contact:

| | | |
|-----------------|-------|--------------------------------------|
| Contact Name | Phone | Email |
| <u>.General</u> | | <u>sjninspections@ikavenergy.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001449
 Inspection Date: 11/05/2024 FIR Submit Date: 11/13/2024 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: 333450

Location Name: WHITE, FRANCIS GAS UNIT Number: 27NWNE County: _____
A-M34N9W
 Qtrqr: NWNE Sec: 27 Twp: 34N Range: 9W Meridian: M
 Latitude: 37.166227 Longitude: -107.809535

FACILITY - API Number: 05-067-00 Facility ID: 333450

Facility Name: WHITE, FRANCIS GAS UNIT Number: 27NWNE
A-M34N9W
 Qtrqr: NWNE Sec: 27 Twp: 34N Range: 9W Meridian: M
 Latitude: 37.166227 Longitude: -107.809535

CORRECTIVE ACTIONS:

2 CA# 200416
 Corrective Action: Comply with rule 605. Install or repair sign. Date: 12/13/2024
 Response: CA COMPLETED Date of Completion: 12/20/2024
 Operator Comment: New signage installed.
 ECMC Decision: _____

ECMC
Representative:

3 CA# 200417

Corrective Action: Comply with rule 606, remove and properly dispose of debris.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/20/2024

Operator
Comment: weeds removed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions for weeds and signage 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: 12/22/2024 6:33:00 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> |
|------------------------|---------------------------|
| 404037858 | FrancisWhiteA2A4_CAphotos |

Total Attach: 1 Files