

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: 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: 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>
404037856	FIR RESOLUTION SUBMITTED
404037858	FrancisWhiteA2A4_CAphotos

Total Attach: 2 Files