

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:

404050101

Date Received:

01/07/2025

## FIR RESOLUTION FORM

### Overall Status:

#### CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 714001652

Inspection Date: 01/02/2025

FIR Submit Date: 01/03/2025

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: 326588

Location Name: DULIN, ROBERT GAS UNIT Number: 25NWNE County: \_\_\_\_\_  
B-N35N7W

Qtrqtr: NWNE Sec: 25 Twp: 35N Range: 7W Meridian: N

Latitude: 37.276587 Longitude: -107.584511

#### FACILITY - API Number: 05-067-00 Facility ID: 326588

Facility Name: DULIN, ROBERT GAS UNIT Number: 25NWNE  
B-N35N7W

Qtrqtr: NWNE Sec: 25 Twp: 35N Range: 7W Meridian: N

Latitude: 37.276587 Longitude: -107.584511

### CORRECTIVE ACTIONS:

1 CA# 201460

Corrective Action: Provide key, combinations, or alternate method of access to Corey McDonough to comply with rule 204.

Date: 01/03/2025

Phone: 720-902-0775, Email: corey.mcdonough@state.co.us

Response: CA COMPLETED

Date of Completion: 01/06/2025

Operator Comment: Inspector was emailed that he will need to schedule a date and time to inspect the location. Inspector replied and said that is ok and that he would notify IKAV when he is back in the area.

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective actions completed. See attachment for correspondence.

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

Date: 1/7/2025 11:05:31 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>
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404050112	Robert Dulin locations access correspondence
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Total Attach: 1 Files