

State of Colorado Energy & Carbon Management Commission



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Document Number:
404069809

Date Received:
01/25/2025

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: 714001670
Inspection Date: 01/07/2025 FIR Submit Date: 01/09/2025 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: 333123

Location Name: KNIGHT GAS UNIT-N32N7W Number: 17SWNE County: _____
Qtrqtr: SWNE Sec: 17 Twp: 32N Range: 7W Meridian: N
Latitude: 37.019881 Longitude: -107.628480

FACILITY - API Number: 05-067-00 Facility ID: 333123

Facility Name: KNIGHT GAS UNIT-N32N7W Number: 17SWNE
Qtrqtr: SWNE Sec: 17 Twp: 32N Range: 7W Meridian: N
Latitude: 37.019881 Longitude: -107.628480

CORRECTIVE ACTIONS:

1 CA# 201591
Corrective Action: Comply with rule 606, remove and properly dispose of weedy debris. Date: 01/16/2025
Response: CA COMPLETED Date of Completion: 01/23/2025
Operator Comment: Weeds removed.
ECMC Decision: _____

ECMC
Representative:

2 CA# 201592

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 1002.

Date: 01/16/2025

Response: CA COMPLETED

Date of Completion: 01/23/2025

Operator Comment: Impacted soil removed.

ECMC Decision: _____

ECMC Representative: _____

3 CA# 201593

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

Date: 01/16/2025

Response: CA COMPLETED

Date of Completion: 01/23/2025

Operator Comment: Erosion area repaired.

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 Date: 1/25/2025 10:02:47 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
404069810	Completion photos at Knight B1

Total Attach: 1 Files