

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:  
404119621

Date Received:  
03/07/2025

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

SIMCOE

sjninspections@ikavenergy.co

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001361

Inspection Date: 10/15/2024

FIR Submit Date: 10/17/2024

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: 306800

Location Name: SOUTHERN UTE GAS UNIT Number: 13SWNE County: \_\_\_\_\_  
N-N33N8W

Qtrqr: SWNE Sec: 13 Twp: 33N Range: 8W Meridian: N

Latitude: 37.106829 Longitude: -107.664072

FACILITY - API Number: 05-067-00 Facility ID: 306800

Facility Name: SOUTHERN UTE GAS UNIT Number: 13SWNE  
N-N33N8W

Qtrqr: SWNE Sec: 13 Twp: 33N Range: 8W Meridian: N

Latitude: 37.106829 Longitude: -107.664072

CORRECTIVE ACTIONS:

1 CA# 199828

Corrective Action: Comply with rule 605. Install or repair sign.

Date: 11/16/2024

Response: CA COMPLETED

Date of Completion: 02/28/2025

Operator Comment:

New signs installed.

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

ECMC  
Representative:

2 CA# 199829

Corrective Action: Stormwater controls (ie: BMPs) and erosion controls (ie: mulching) are needed on revegetating soils until the location is stabilized with desirable perennial vegetation.

Date: 10/24/2024

Response: CA COMPLETED

Date of Completion: 02/28/2025

Operator  
Comment:

Erosion mitigation and seeding completed.

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: 3/7/2025 8:43:47 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>
404119623	Southern Ute N2 completion photos

Total Attach: 1 Files