

State of Colorado Energy & Carbon Management Commission



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Document Number:
404119185

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

.General

sjninspections@ikavenergy.com

.General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001627

Inspection Date: 12/20/2024

FIR Submit Date: 12/30/2024

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: 306905

Location Name: FRENCH GAS UNIT 1-9U-M34N7W Number: 9SWSW County: _____

Qtrqr: SWS Sec: 9 Twp: 34N Range: 7W Meridian: M
W

Latitude: 37.201768 Longitude: -107.619351

FACILITY - API Number: 05-067-00 Facility ID: 306905

Facility Name: FRENCH GAS UNIT 1-9U-M34N7W Number: 9SWSW

Qtrqr: SWS Sec: 9 Twp: 34N Range: 7W Meridian: M
W

Latitude: 37.201768 Longitude: -107.619351

CORRECTIVE ACTIONS:

1 CA# 201373

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

Date: 01/06/2025

Response: CA COMPLETED

Date of Completion: 03/05/2025

Impacted material removed.

Operator Comment: _____

ECMC Decision: _____

ECMC Representative: _____

2 CA# 201374

Corrective Action: Comply with rule 1004.e, treat/remove weeds. Date: _____

Response: CA COMPLETED Date of Completion: 03/05/2025

Operator Comment: Weeds removed.

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 5:33:05 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>
404120459	French 01-9U 2R completion photos impacted material
404120460	French 01-9U 2R completion photos weeds

Total Attach: 2 Files