

State of Colorado Energy & Carbon Management Commission



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Document Number:
404120475

Date Received:
03/07/2025

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
SIMCOE sjninspections@ikavenergy.co

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000810
Inspection Date: 05/30/2024 FIR Submit Date: 06/10/2024 FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY Company Number: 10000
Address: 1199 MAIN AVENUE SUITE 101
City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 325407

Location Name: WIRT GAS UNIT D-N32N7W Number: 8NWNE County: _____
Qtrqtr: NWNE Sec: 8 Twp: 32N Range: 7W Meridian: N
Latitude: 37.035831 Longitude: -107.628660

FACILITY - API Number: 05-067- -00 Facility ID: 325407

Facility Name: WIRT GAS UNIT D-N32N7W Number: 8NWNE
Qtrqtr: NWNE Sec: 8 Twp: 32N Range: 7W Meridian: N
Latitude: 37.035831 Longitude: -107.628660

CORRECTIVE ACTIONS:

1 CA# 195772
Corrective Action: Comply with Rule 1004. Reseed disturbance areas using a seed mixture requested by the surface owner, or a mixture prescribed by the local county NRCS. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Ensure erosion controls are implemented to stabilize the seeded soil. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management. Date: _____
Response: CA COMPLETED Date of Completion: 02/27/2025
Operator Comment: Weedy debris mowed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions partially completed. See attachment for photos regarding mowing.

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 6:36:04 PM

ATTACHMENT LIST

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

Document Number **Description**

404120476	Completion photos at Wirt D 1E for mowing weeds
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Total Attach: 1 Files