

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:
404135193

Date Received:
03/20/2025

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
<u>.General</u>		<u>sjninspections@ikavenergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001777
Inspection Date: 02/03/2025 FIR Submit Date: 02/06/2025 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: 334192

Location Name: LINDER-SLATIN GAS UNIT A-M34N9W Number: 10SWSW County: _____
Qtrqtr: SWS Sec: 10 Twp: 34N Range: 9W Meridian: M
W
Latitude: 37.201219 Longitude: -107.817530

FACILITY - API Number: 05-067-00 Facility ID: 334192

Facility Name: LINDER-SLATIN GAS UNIT A-M34N9W Number: 10SWSW
Qtrqtr: SWS Sec: 10 Twp: 34N Range: 9W Meridian: M
W
Latitude: 37.201219 Longitude: -107.817530

CORRECTIVE ACTIONS:

1 CA# 202398

Corrective Action: Comply with rule 605. Install or repair sign. Date: 03/06/2025

Response: CA COMPLETED Date of Completion: 03/14/2025

Operator Comment: Old sign removed and new sign installed.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 202399

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

Date: 02/13/2025

Response: CA COMPLETED

Date of Completion: 03/14/2025

Operator Comment:

Stained soil removed.

ECMC Decision: _____

ECMC Representative: _____

3 CA# 202400

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

Date: _____

Response: CA COMPLETED

Date of Completion: 03/14/2025

Operator Comment:

Weeds removed.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment:

Corrective actions completed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Lisa Paulek

Signed: _____

Title: permitting specialist

Date: 3/20/2025 9:53:34 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>
404135201	Lindner Slatin A2/A4 completion photos

Total Attach: 1 Files