

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

General

sjninspections@ikavenergy.com

### 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

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

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>
404135193	FIR RESOLUTION SUBMITTED
404135201	Lindner Slatin A2/A4 completion photos

Total Attach: 2 Files