

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:
404176386

Date Received:
04/23/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 3 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
<u>General</u>		<u>sjninspections@ikavenergy.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001624
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: 306841

Location Name: SNOOKS GAS UNIT A-N34N7W Number: 14NWNE County: _____
Qtrqr: NWNE Sec: 14 Twp: 34N Range: 7W Meridian: N
Latitude: 37.218848 Longitude: -107.602121

FACILITY - API Number: 05-067-00 Facility ID: 306841

Facility Name: SNOOKS GAS UNIT A-N34N7W Number: 14NWNE
Qtrqr: NWNE Sec: 14 Twp: 34N Range: 7W Meridian: N
Latitude: 37.218848 Longitude: -107.602121

CORRECTIVE ACTIONS:

1 CA# 201367

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 1002. Date: 01/06/2025

Response: CA COMPLETED Date of Completion: 04/23/2025

Operator Comment: Impacted soil removed.

ECMC Decision: _____

ECMC
Representative:

3 CA# 201369

Corrective Action: Comply with rule 1003 f.

Date: _____

Response: CA COMPLETED

Date of Completion: 04/22/2025

Operator
Comment: Weeds sprayed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions for weeds and impacted material 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: Lisa Paulek

Signed: _____

Title: permitting specialist

Date: 4/23/2025 1:46:11 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>
404176391	Snooks A2 completion photos for impacted material
404176392	Snooks A2 completion photos for weeds

Total Attach: 2 Files