

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

General

sjninspections@ikavenergy.com

**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>
404176386	FIR RESOLUTION SUBMITTED
404176391	Snooks A2 completion photos for impacted material
404176392	Snooks A2 completion photos for weeds

Total Attach: 3 Files