

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
404191872

Date Received:  
05/06/2025

## 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.com

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: 05/05/2025

Operator Comment:

Weedy debris mowed. Reseeding and herbicide treatment completed.

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective actions completed. See attachment for photos of reseeding and herbicide treatment.

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: 5/6/2025 2:47:57 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404191878	Completion photos for Wirt D1 E
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Total Attach: 1 Files