

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:

404289284

Date Received:

07/22/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 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

Labowskie, Steve

steve.labowskie@state.co.us

General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 719000287

Inspection Date: 07/09/2025

FIR Submit Date: 07/09/2025

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: 306834

Location Name: FRAHM FEDERAL GAS UNIT-M34N6W Number: 10SESW County: LA PLATA

Qtrqtr: SESW Sec: 10 Twp: 34N Range: 6W Meridian: N

Latitude: 37.222920 Longitude: -107.518424

FACILITY - API Number: 05-067-00 Facility ID: 269130

Facility Name: FRAHM FEDERAL Number: 2

Qtrqtr: SESW Sec: 10 Twp: 34N Range: 6W Meridian: N

Latitude: 37.222920 Longitude: -107.518424

CORRECTIVE ACTIONS:

1 CA# 205976

Corrective Action: MAINTAIN BERMS CONTROL WEEDS REMOVE AND DESPOSE OF ALL WEEDS
WITHIN 25 FT OF
SURFACE EQUIPMENT PER RULE 605

Date: 07/16/2025

Response: CA COMPLETED

Date of Completion: 07/22/2025

Operator
Comment: Weeds mechanically removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 205977

Corrective Action: CONTROL WEEDS REMOVE AND DESPOSE OF ALL WEEDS WITHIN 25 FT OF
SURFACE EQUIPMENT PER RULE 605

Date: 07/16/2025

Response: CA COMPLETED

Date of Completion: 07/22/2025

Operator
Comment: Weeds mechanically removed.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions 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: 7/22/2025 1:08:40 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>
404289284	FIR RESOLUTION SUBMITTED
404289288	Frahm Fed 2 completion photos

Total Attach: 2 Files